DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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١	-	REGISTRAR		CERTIF	CERTIFICATE OF DEATH REG. NO						
		OR PRINT) ANNIE	ROSALTE ROSALIE		ÁĎAMS ADAMS	Jan 3	DAY YEAR 26. HOUR 30 8				
ı	3 SEX	male	Caucasian	5 DATE C	0F BIRTH 5-1905	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
	1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU		3-1300	9 BALTIMORE CITY OR COUNTY	OF DEATH				
1	(OUNTRY		MARRIE	D NEVER MARRIED		OFDEATH				
		iryland	USA	WIDOWE		Charles 120 USUAL OCCUPATION	MD.				
	La	Plata	Physicians	E STREET ADDRESS)		Cleaning Pers	INDUSTRY				
200	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	INTY 13t. CITY C	ce before admission) or town dorf	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE Highway 925N.	20601 , Box 301,				
1	14 FA	ATHER'S NAME FIRST	MIDDLE L.	AST	15. MOTHER'S MAIDEN NAM	ME	LAST				
1	Wi	lliam Ed	igar Atch:		Eliza	ADDRESS	Padgett				
		VAS DECEASED EVER IN U.S. AI	ek, Md.20607 Box 59								
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
-	CERTIFICATION	CNA, T	1 A one	gence be	an egudos	20a ANTO FS 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?				
		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING	ER) P.M.	19	21¢ HOW INJURY OCCURR	YES NOW YE					
	OR CONTRINGUEL AUSE OF DEATH (IF EITHER NOTH MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STATE EASTORY OF FEARM. ETC.) 21l. LOCATION STREET 1 CITY OR TOWN COUNTY 31 CITY OR TOWN COUNTY 31										
		20a.1 certify that (1) (this hospital) attended the deceased from 19 to									
	4	THE PHYSICIAN'S NAME COM	beckett,	no	ATTENDING PHYSICIAN () 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/34/5				
		THE RESIDENCE OF THE PROPERTY	itchett, MD			nge Ave., La P	lata, Md.2064				
		SUPIAL CREMATION, REMOVAL	236 DATE 2-2-1985		d Cemetery	Waldorf, Cha	rres, Md. STATE				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

TENDING PHYSICIAN: The law

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IMPORTANT: If them 21 is morked or them 18 shows any

FOR

24 FUNERAL DIRECTOR
Huntt Funeral Home, Waldorf, Md.

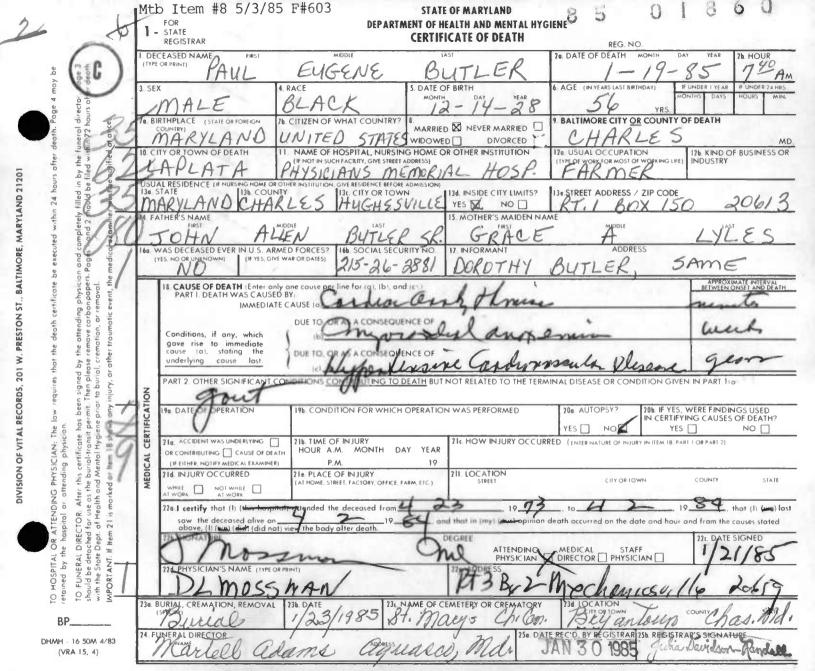
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(VRA 15, 4)

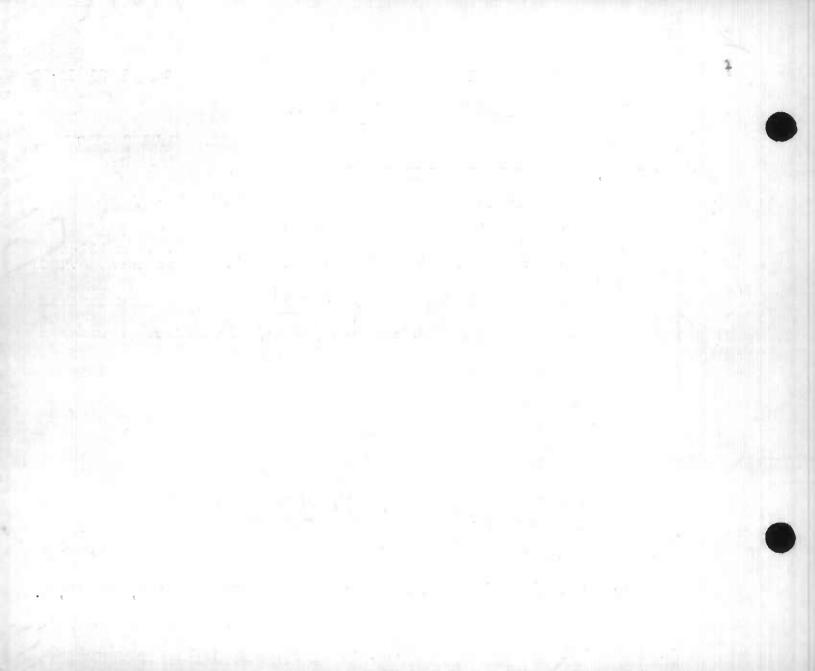
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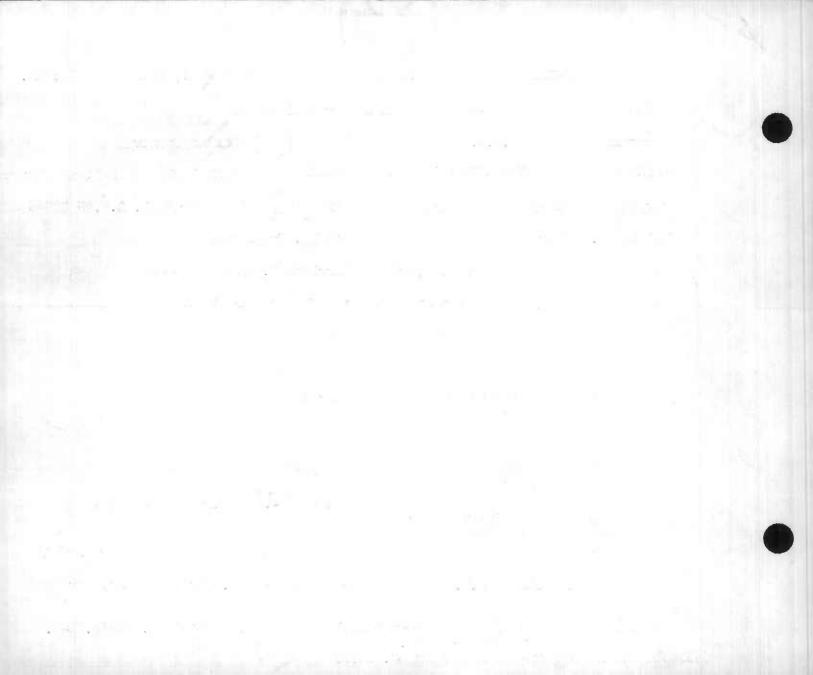


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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH 2b. HOUR I. DECEASED NAME MONTH (TYPE OR PRINT) ROBERT COMBS IF UNDER I YEAR 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1. 5EX MONTHS DAYS HOURS MONTH 06 1920 MALE 07 WHITE BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWED DIVORCED [enardtown Mo CHARLES COUNTY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Md. State Roads LA PLATA PHYSICANS MEMORIAL HOSPITAI 134. COUNTY 13d INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE Box Marv' Rt. 2. Leonardtownres Maryland EATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Camalier Combs Benjamin Lucile ADRRES 2 Box 121-A 16b SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES OR UNKNOWN) 219 07 3657 Helen V. Combs Leonardtown, Md. 200 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and ich PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES | 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 7) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I F EITHER NOTHY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET 220.1 certify that (A (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (am) opinion death occurred on the date and hour and from the causes stated mining, (1) (we) (did) (did not) view the body ofter death 22c DATES GNED MEDICAL ATTENDING 1 STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (LYPE OR PRINT) Sanieeb Mishra, M.D. CHARLES PROFESSIONAL CENTER III. BURIAL, CREMATION, KEMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Jan.9,1985 Charles Memorial Gardens Leonardtown 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Lulia Davidson W.Clarke Mattingley Leonardtown, Maryland IAN 9





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12		STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	(F)	1. DECEASED NAME FIRST ELL/MODLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR JOSEPH E. DOYLE January 28, 1985
	V	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 FUNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS MIN.
	200	MALE WHITE MAY 6, 1898 86 YRS.
	The state of the s	76. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED CHARLES MD.
5	4 19/	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) COBB ISLAND 120. USUAL OCCUPATION (IT PEOT WORK FOR MOST OF WORKING LIFE) INDUSTRY Self Employ Self Employ
4D 21201	The second	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. STATE 136. COUNTY 136. CITY OR TOWN 137. STATE 138. STREET ADDRESS 139. STREET ADDRESS
AARYLAND	000	MARYLAND CHARLES COBB ISLAND YES NO MAIN & BRIDGE AVENUE YES NO MAIN & WARD YES NO
BALTIMORE, A	Popular Popular	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 266 28 0006 B on The cantal is cal-
201 W. PRESTON ST.,	arms that the deoth certifical	18 CAUSE OF DEATH Enter only ane cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
AL RECORDS,	to the bear	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
DIVISION OF VIT	SECAN. Certification of the ce	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
DIVISIO	other this orked o	21d. INJURY OCCURRED WHILE INDIT WHILE AT WORK INDIT WHILE INDIT
	aption of Heal	220.1 certify that (I) (this hospital) attended the deceased from
	PITAL OR A Lty, the boat VERAL DIRE State Dept ANT: if here	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
	O HOSPITA	HRTH .
	BP	236 BURIAL, CREMATION, REMOVAL 236 DATE 1/30/85 Lee Crematory Clinton, Maryland STATE
D	HMH - 16 50M 4/82 (VRA 15, 4)	Arehart Funeral Home, Inc., La Plata, Md. FEB 0 4 1985 Julia Javidson Brade 18

Halm and Bridge Avg. wolfers risk! Sur: slon (1/30/25 Let Gramatory Clinton, ourselfond Acetacc Findent Rate, Inc., to Finte, Ed. C.E.B. D. A. Man.

1.	FOR STATE REGISTRAR		DEPAR		ICATE OF DEATH	GIENE REG. N	0.				
	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR		
LITTE	Margu	erite	N/M/N	Edw	ards	January 18	, 198	IF UNDER I VEAR IF UN MONTHS DAYS HOU WINTY OF DEATH IKING LIFE) 126. KIND OF BUS INDUSTRY OWN HO Drive 206 Brown The as Line APPROXIMATE I AST Briver IN PART I (a) LIFYES, WERE FINDINGS LIFY SERVICE IN NO. LIFYES, WERE FINDINGS LOCERTIFYING CAUSES OF DO YES NO. TOTAL BLOGS 120. DATE SIGN 121. DATE SIGN 122. DATE SIGN 121. DATE SIGN 122. DATE SIGN 120. DATE SIGN	10:00 A		
3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)		IF UNDER 24 HRS		
	Female	Caucas	sian	Feb		61	YRS.		HOURS MIN.		
	SIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNT	Y OF DEATH			
	st Virginia		S.A.	WIDOW	D DIVORCED	Charles	136		MD		
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	F BUSINESS OR		
400	a Plata	Physicia	ans Memo	rial H	lospital	Housewi			Home		
U5U 13a	JAL RESIDENCE (IF NURSING HOME STATE 136 CO		GIVE RESIDENCE BEFO		113d. INSIDE CITY LIMITS?						
1a		arles	Waldo		YES NOX		a Dr	rive 2	0601		
4. F	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN N.	AME		IAS	7		
He	nrv I	3.	Tenne	V	Cordelia						
16a. '	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16h SOCIAL SEC		17 INFORMANT SP	OUSE ADDR	SS				
	NO	SIVE WAR OR DATES!	236-30	-6654	Thomas H.	Edwards.	Same	as Li	ne #13		
	18 CAUSE OF DEATH (Enter	anly one cause per	line far (a), (b), a	and (C)	0 0 1	1			MATE INTERVAL		
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)										
	DUE TO, OR AS A CONSEQUENCE OF IN CO. 127)										
	Conditions, if ony, which ((b))										
	gove rise to immediate cause (a), stating the	10)									
	underlying cause lost.	DUE TO, O	R AS A CONSEO	UENCE OF							
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NO											
CERTIFICATION	190 DATE OF OPERATION	19h COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED								
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-	OR CONTRIBUTING CAUSE OF E	PEATH	M. MONTH I	DAY YEAR							
MEDICAL	21d INJURY OCCURRED		OF INJURY	19	21f. LOCATION						
¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE	E, FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE		
	22a I certify that (1) (this has	nital) attended th	e deceased from		10 7 5	to /-	18	10 95	that (1) (we) lost		
	saw the deceated alive	1	17/19	01	nd that in (my) (our) opiniar	n death occurred on the d	ote and ho		, , ,		
	above, (F (we) Idid: Idid: 17th SIGNATURE	not view the body	after death.	NI	DEGREE			22t DATE	SIGNED		
	110	~ 1	/	11/	ATTENDING	MEDICAL STA	FF	1-13	5.85		
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	Daniel Howel	DOMESTICAL STREET		1		dorf, Maryla		_			
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	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	CITY OF TOWN			STAM d		
20 5	Burial Burial	1-21	-85 1	rinit	y Memorial	Hardens.	Wald	ori,	Charles		
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DHMH - 16 50M 4/82 (VRA 15, 4)

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Funeral Home, Waldorf Maryland

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	endered Company	fairement.		23-13		

Old Alexander Ferry Road, Clinton, Maryland

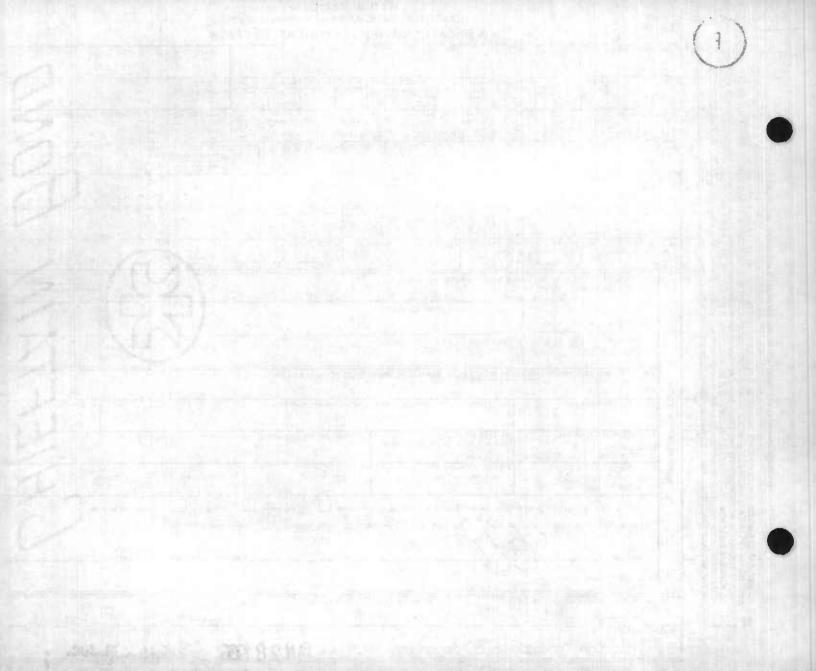
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/	3	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.
Page 4 may be	A	1.5E	RTHPLACE (STATE OR FOREIGN	ARCE S. DATE OF BIRTH MONTH MONTH
40 21 201	lled in by the funeral old be filed within 72 has be obtified of each	10 E	TATE USA COU	
LTIMORE, MARYLAN	cion and completely fi	160 \	NO	NE WAR OR DATES) 577-01-8970 Norma Martin. SAME AS No. 13.
DS, 201 W. PRESTON ST., BAI.	is signed by the attending phy. Then please remove curbon poly t to burial, cremation, or remove rejury, or other traumatic event	NOI.	Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause last.	DUE TO, OR AS A CONSTQUENCE OF DUE TO, OR AS A CONSTQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
DIVISION OF VITAL RECO	or otherding physicion. After this certificate has been as as the building from prior cells and Memoria Hygane prior marked or hem. IS More only	MEDICAL CERTIFICAT	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	ATH HOUR A.M. MONTH DAY YEAR
TO HOSPITAL OR ATTEN	retained by the hospital TO FUNERAL DIRECTOR Moved be deteched for us with the State Dept. of the MAPORTANT. If hem 21 is		226. SIGNATURE 226. PHYSICIAN'S NAME (1998) GEORGIZ	OR PRINTING ATTENDING MERICAL STAFF 226. DATE SIGNED 85 OR PRINTING ATTENDING MERICAL STAFF 10 85
	BP H - 16 50M 4/B2 (VRA 15, 4)	24 FI	URIAL CREMATION, REMOVAL SPECIFY) Tremation INERAL DIRECTOR NAME Tehart Funer	236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE COUNTY ADDRESS AL HOME, Inc., La Plata, Md.

Market and a second Vaciens: No. 2 - 20/2/10 __ noliengn. Accompt a vineral Home, and, i.e. Plate, ild.

FSW1, at . daw .a. a. U Carried Charles Commission La Pirth - Physicana Memorial Hospital Chemical Engineer U.S. Cow discussion of the real body and the state of Ander Lane, Dryana Road, Mc. AND THE LAND TO SERVE AND THE SERVE OF THE S Burting thousand the control of the baryland Areast Finner at Home, Inc., who Finns, bed A belge Line at Land

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST TO DATE KNOWN IX MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Paul Anthony Greenfield, Jr. 1/22/ 85 19 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 5. DATE OF BIRTH 2c. DATE 207190B LAST BIRTHDAY) PRONOUNCED Male Black June 22, 1975 DEAD 1985 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED & Maryland United States WIDOWED DIVORCED Charles County O CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Physician's Memorial Hospital La Plata SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 30 STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Charles Box 55 / 20662 Nanjemov YES _ NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE LAST LAST Paul Greenfield Sherline Owens 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 1112 Kennebec Street Oxon Hill, Maryland None Joann Proctor APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY: Smoke and Soot Inhalation IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 3 NO X 718 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOO HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 2:00 1/22/1985 subject in housefire 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK home Nanjemoy, Charles Co., Md. Inspection X 22s. I certify that I took charge at the remaining described above, held on Autopsy Inquiry and in my opinion Accident X death resulted fram: Notural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL MD ASSISTANT MEDICAL EXAMINER 1/22/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT a BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 1-25-85 Burial Mt. Hope 07/84 Charles Md. Ironsides 25M 24 FUNERAL DIRECTOR DHMH - 17 Thornton Funeral Home Pomonkey, Md. (VR A15 ME (5))



	1,	FOR		STA DEPARTMENT OF		MARYLAND I AND MENTAL H	YGIENE 5	0 1 8 7	0
	1	STATE REGISTRAR	M	EDICAL EXAMIN	VER'S	CERTIFICATE O	IVE.	G. NO.	TO VALUE
RSS F.		CEASED NAME	arles	DO N. 1	Gaff	LAST	20. DATE KNOW OF ESTI- DEATH MATER	_ 1 3 2 %.	
1000	3 SE	Male (S. DATE OF BIRT		DAY) MONT	HS DAYS HOURS	24 HRS. 20 DATE PRONOUNCED DEAD	B OF J	AR 2d. HOUR
		IRTHPLACE (STATE OR DREIGN COUNTRY)		WHAT COUNTRY?	Te	IED NEVER MARRI	ED .	TY OR COUNTY OF DEATH	
DAG NO	N	orth Carol			WIDOW				MD.
PAGE 1		ITY OR TOWN OF DEA aPlata		OSPITAL, NURSING HOM			Disabled ve	teran milita	ISTRY
0000 3/2			RSING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISS	SION)	134. INSIDE CITY LIMITS?	Rt. 4, Box	4257 206	16
TALE	14 F	ATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDE	NAME	LAST	
08		David		ffin		Mary	G.	Nichols	
8	16a.	WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURI	ITY NO.	17. INFORMANT		Z28 W. Leno; Lenoir,NC	8625.
	7	es,	Korea	246 44 0	774	Joyce Gri	ibb (daughter)	AATE INTERVAL
ز ا		PART I DEATH W		17 11 6	satu	no tailur	2	BETWEENO	NSET AND DEATH
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BURIAL - TRANSIT AND MENTAL HY ATION, OR REMO		Conditions, if a		bilato	sal P	neunotho	XAZU	your	1
HEALTH AND MENT IL, CREMATION, OR		cause (a) stating lying couse lost.		OR AS A CONSEQUENCE	OF				
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KIAL, C	CERTIFICATION	190. DATE OF OPERA	ATION 19b. CON	IDITION FOR WHICH OPE	ERATION W	AS PERFORMED?		20. AUTOF	A -
OK TO BU		210 EXTERNAL CAUS	OR HOUR A	OF INJURY A.M. MONTH DAY YEA P.M. 19		OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	7
21201 PRIOR TO BURIAL,	MEDICAL	214 INJURY OCCUR	RED 21e PLAC STREET, I	CE OF INJURY (ATHOME, FACTORY, FARM, ETC.)		CATION STREET	CITY OR TOWN	COUNTY	STATE
(AND, 2120)		220. I certify that death resulted from	I taok charge of the remains		Autop Suicide	sy , Inspection	Undetermined monner	ond in my opinion	
AFTER DEATH, WITH THE STA		ACTUAL SIGNATURE	Myahar	Hano.	N	TITLE (SPECIFY)	MEDICAL EXAMINER	DATE 30 JCM	183
LTIMORE	2	EXAMINER'S NAME (TYPE OR PRINT)	Humaha	- Hoff W)	ADDRESS S 2#1	Box 1026	(allata, M	-20146
DAY -	23a.1	BURIAL, CREMATION, R		23c. NAME OF CI			23d LOCATION CITY OR TOWN	, No. Carolin	a STATE
			Feb 1,19	85 Confide	ence A	Adventist	Lenoir	REGISTRATES SIGNATURS	
(5))	1	NAME DIRECTOR I	Falls Churc	ch, Va. 2204	6	FE	B 0 4 1985	was varidson-fa	rdell
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Mary was FEB 0 4 1885

(VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR . DECEASED NAME 20. DATE KNOWN OF ESTI-William Russell Hutson 3 SEX DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 7-21-1939 45 1/ 6/ 1985 TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF MARRIED NEVER MARRIED USA Washington D.C. Charles County, WIDOWED DIVORCED . 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS Rt. #1, Box 213, wooded area rear Service Manager Bryantown ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 130 STREET ADDRESS | No & | Rt. 1, Box 213, 20617 30 STATE 1136 COUNTY Charles Bryantown Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Belle Marnelli Eva Russell Hutson Henry 220-34-3134 Janet L. Hutson, Same as Line 13 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PER INTERPRETATION OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carbon Monoxide Intoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR ? P.M. 1/5/ 1985 subject inhaled exhaust fumes of auto CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BARTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. WHILE AT WORK Rt. #1, Box 213 wooded area, Brantown, Charles Co car Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy Suicide X death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 1/8/8 EXAMINER'S NAME (TYPE OR PRINT) Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY Buria1 Chelltenham, P.G., Md. 1-10-85 Md. Veteran's Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** Huntt Funeral Home, Waldorf, Md. his Davidson-Randall (VR A15 ME (5))

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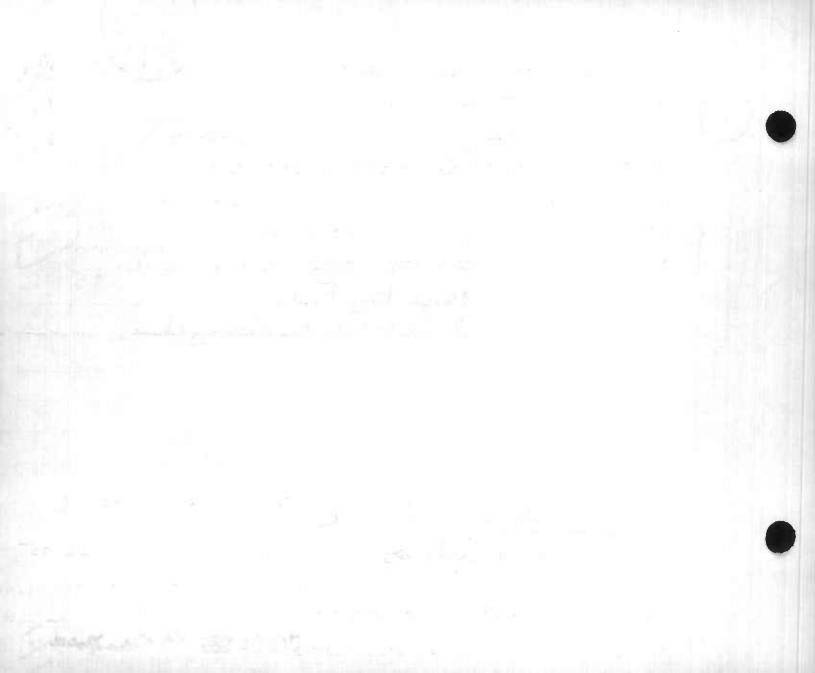
de nothing Engalety Jannison - Japany 25198 5 p. temel, Can op or 21 C. Charles TISA TITE Charles LAPLATA. Physicians Himoral Hospi office works Sall The I Dennis Bridgett State December December NO 19 163138 THE WARDS WAR SHEET HAD Very college 600 Marson My water faction 160 mm _ Tan 25 78 met 603 _ _ _ 604 25 85-1 __ Strange of the standing ARTHUR G. WOODDY, NO FILESO LARRY W. Md. ROGAG tellet is the duagen the demand of the teller Archert Funeral Home, Inc. to Plate, No. FEB D 4 EUS Journal Land

IVES-PEARSON FUNERAL HOMES, ARLINGTON, VA. 2220

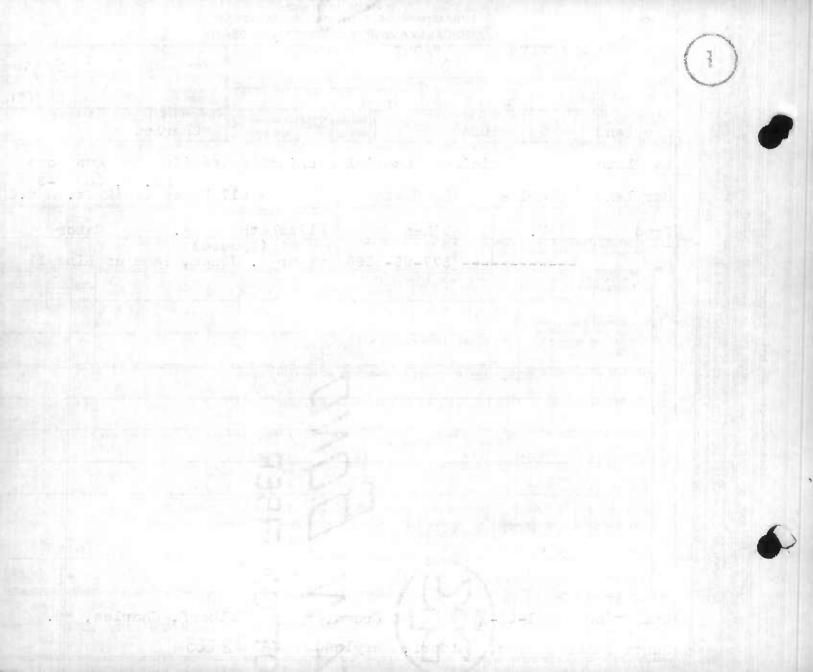
STATE OF MARYLAND

FOR

(VRA 15, 4)



			FOR	D	STATE OF	OF MARYLAND LITH AND MENTAL HYG	HENE 5 0	1 8	7	Č
	The state of the s	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.								
	S S S E	1. DE	CEASED NAME ENTE	CYN	MPDHAOMI	JONES JONES		MONTH DAY	YEAR 19 95	26 HOUR 559 FM
-	RY, PLEADIRECTO DUR FINE 72 HOUI ON STREE	3. SE)	1. RACE	S DATE OF BIRTH	YEAR LAST BIRTHDAY)		PRONOUNCED DEAD	MONTH DAY	-	24 HOUR 557 PM
6	IS NECESSARY, PLE FUNERAL DIRECT E 5 FOR YOUR F ED, WITHIN 72 HG I WE PESTON STE	FO	RTHPLACE (STATE OR REIGN COUNTRY) ryland	76 CITIZEN OF WH	AT COUNTRY?	ARRIED NEVER MARRIED	Charles	COUNTY OF	DEATH	MD.
	> ESES OF	Io.ci	TY OR TOWN OF DEATH		PITAL, NURSING HOMÉ, OR CHITY, GIVE STREET ADDRESS) ans Memoria	other Institution 12a 1 Hospital H	I. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) LOUSEWIFE	FWORK 126 K	OR INDUSTR	RY
21201	ANY AND 3 AND 3 AN	13a. S			e residence before admission) 131. CITY OR TOWN La Plata	13d. INSIDE CITY LIMITS? 13e	STREET ADDRESS Rt.	4, Bo		ot.C
RE, MD.	DEATH. IF SES 1, 2, M PM 3. ANO2 SF		ATHER'S NAME FIRST V	MIDDLÉ	Sikes	15. MOTHER'S MAIDENN FIRST Elizabeth	MIDDLE	Ca	tor	
ALTIMO	AFTER SIVE PA H FOR AGES (ISION	No.		WED FORCES? WAR OR DATES)	577-05-959	IT INFORMANT (Sp	Jones, Same	as L	ine 1	13
201 W. PRESTON ST., BALTIMORE, MD.	HOULD BE EXECUTED WITHIN 24 HOURS HOULD BE EXECUTED WITHIN 24 HOURS HER "FENDING" IN PENCIL IN ITEM 18.0 USED AS A BURIAL. TRANSIT PERMIT. P. OF HEALTH AND MENTAL HYGIENE, DIV OF REALTH AND MENTAL HYGIENE, DIV		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last.	D BY: TE CAUSE (a) DUE TO, OR	AS A CONSEQUENCE OF	renal fallw	R	BE	APPROXIMATE TWEEN ONSET	T AND DEATH
DIVISION OF VITAL RECORDS,	SHOULD BE EXECUTED ORD "FENDING" IN PR CHIEF MEDICAL EXAM E USED AS A BURIAL OF HEALTH AND MEI URIAL, CREMATION, C	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS		UT NOT RELATED TO THE TERMINAL (01.	20	AUTOPSY?	,
ON OF VIT	WINER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD "FEN BE FORWARDED TO THE CHIEF ME CATOR: PAGE 3 SHOULD BE USED AS HE STATE DEPARMENT OF HEANT (LAND, 21201 PRIOR TO BURIAL, CR	AL CERTI	218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		INJURY MONTH DAY YEAR	LE HOW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)	YES 🗌	NO. NO.
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4	NL EXAL HE CERT HOULD HE TH, WITH, WITH, WITH		220. I certify that I took charg	e of the remains described all courses	cribed abave, held on A	HTLE (SPECIFY)	Inquiry ond ond indetermined monner,	DATE SIGNED	Wan 8	7
	FO MEDIC EXECUTE THE PAGE 4 SH TO FUNER. AFTER DEA		EXAMINER'S NAME H.M.	Mahan. H	edt, W)	ADDRESS 5 RH	Box 1000 Cal	lata	M	20646
	BP	Cr	URIAL, CREMATION, REMOVAL 2 PECIFY) PEMATION UNERAL DIRECTOR	1-20-198	5 Huntt Cre	matory		rles,	Md.	ATE
	DHMH - 17 (VR A15 ME (5))		NAME	Home, Wa	ldorf, Mary	1		TRAR'S SIGNA		

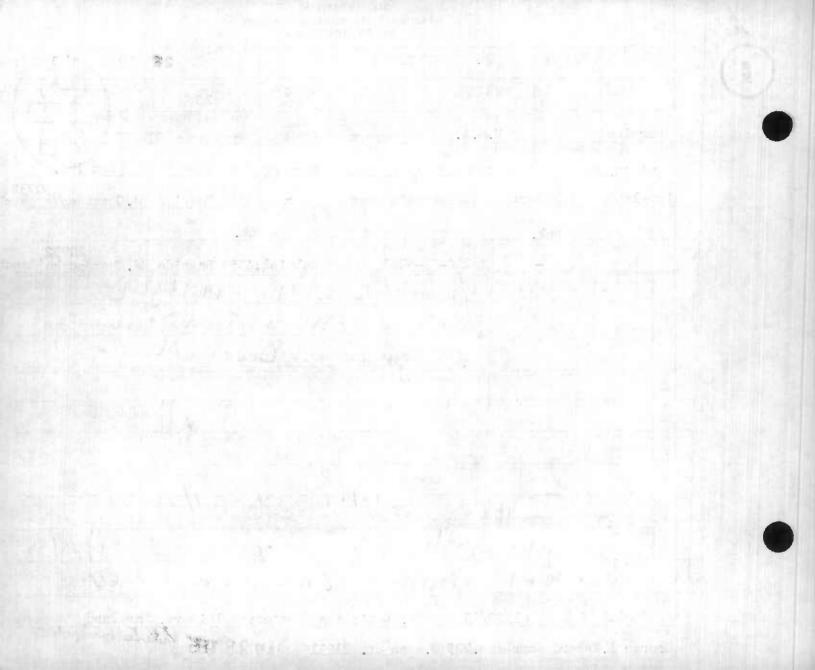


Huntt Funeral Home, Waldorf, Maryland

(VRA 15, 4)

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(6)		CEASED NAME WALTE	R J. KR	LEGER	20 DATE OF DEATH	26 1985 2b. HOUR 1:55a
96 99	3. SE	* MALE	4 RACE WHITE	5. DATE OF BIRTH	0 6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. YRS.
eoth. Ro		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED □ NEVER MARRIED □ WIDOWED ♥ DIVORCED □	9 BALTIMORE CITY O	R COUNTY OF DEATH
by the filled wift	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION TADDRESS) EMORIAL HOSPITAT	120 USUAL OCCUPATI	ON 12b. KIND OF BUSINESS OR
filled in and be	130. Ma	ryland Cal	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 130 CITY OR TO	NO 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 4550 Baysi	de Rd. Chesepeake Beac
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be execu		VAS DECEASED EVER IN U.S. A YES. NO OR UNKNOWN) (IF YES, C NO	ARMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 214-03-		1,4550 Baysi	de Rd. Chesepeake Beac
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that the death c d by the attendir ease remove cark ol, cremotion, or or other traumatio		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO CONSEQUENCE	weed 174 hors	selvati Sesson	Disease
v requires neen signee nit. Then pl	ATION	PART 2 OTHER SIGNIFICANT		FEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONI	
The lov rion. Te hos b rsit perm grene pi	CERTIFICATION	71a ACCIDENT WAS UNDERLYING			YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
ring physici certificate uriol-tronsi hentol Hygi	MEDICAL C	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH D	19	RRED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I OR PART 2}
ING PHY r offendi differ this os the bu lith and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TO	WN COUNTY STATE
AI OR ATTEND The hospital o AL DIRECTOR: J detached for use are Dept: of Heo II: If them 21 is m			ottended the deceased from.	. ond that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN		te and hour and from the couses stated 22c. DATE SIGNED FIAN (1) 2685
O HOSPITAL (etorned by the TO FUNERAL (should be deto with the Stote MADRIANT: If		220 PHYSTELAN'S NAME THE	ARRIVE STAN	FEW ZAPE	ATA, MC	1. 2064C.
BP		urial, cremation, remova specify) B uria l	, ,	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN PROPERTY Baltimor	e, Maryland
DHMH - 16 50M 1/81 (VRA 15, 4)		orge A. Weber&	Sons Inc. 705 S.	Ann St. 21231 1A	N 2 8 1985	gita biolidas refundant

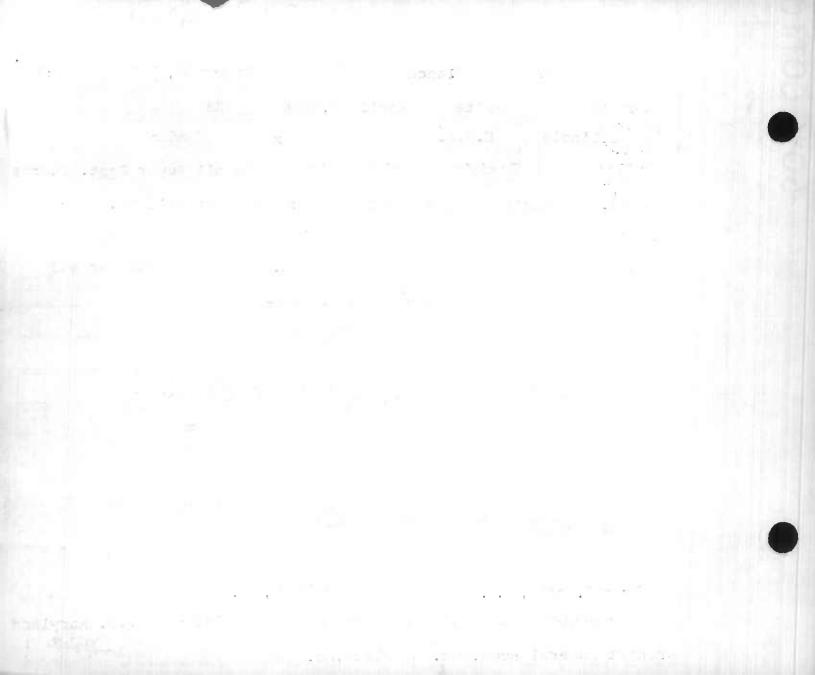


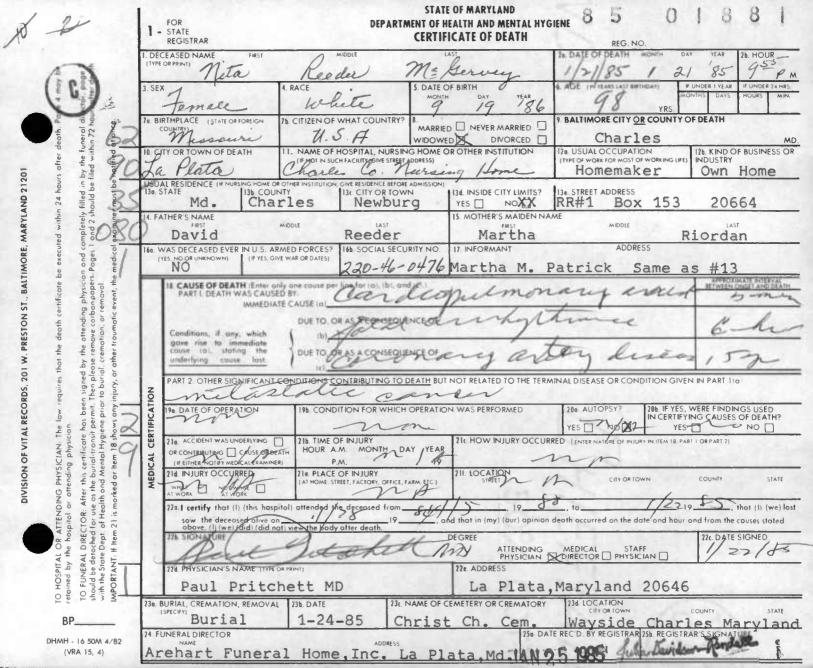
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	1-	FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.) 8 8 0
		CEASED NAME FIRST OR PRINT]	WIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	_	Margar		h Maxwell	January 20, 19	
1	3 SE	(4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
1	_	Female	White	April 17,1896	88 yrs.	
51		RTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	76. CITIZEN OF WHAT COUNTR	Y? MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT Charles	TY OF DEATH
200	4	TY OR TOWN OF DEATH La Plata	11. NAME OF HOSPITAL, NUR.	sing home or other institution tet address) emorial Hospital	(TYPE OF WORK FOR MOST OF WORKING Retail Buyer	
22	136. 5	Md. Ch	prother institution, give residence ber INTY 13c. CHTY OR TO Barles Bryans	S Road YES NO	306 Bucknell	DE Rd. 20616
30	1	THER'S NAME FIRST		15. MOTHER'S MAIDEN NA FRST Marion	WIDDLE	Graham
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ther troumo		Conditions, if any, which gave rise to immediate cause (a), stating the	(b) DUE TO, OR AS A CONSEC	Depus		
alory, or	NO	underlying cause last.	(c)	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	GIVEN IN PART TIO
Sent mlory or a	TIFICATION	underlying cause last.	CONDITIONS CONTRIBUTING T		Bleeder 200 AUTOPSY? 20b. IF Y-	FIVEN IN PART TO
	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED DAY YEAR 19	Bleeder 200 AUTOPSY? 20b. IF Y-	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
	MEDICAL CERTIFICATION	Underlying cause last. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHI	DAY YEAR 19 211. LOCATION	20a AUTOPSY? 20b, IF Y IN CERT YES NO RED (ENTER NATURE OF INJURY IN ITEM 18	VEE, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO SEPART 1 OR PART 2) COUNTY STATE
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Ifem 21 is morked to first		Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF OR CONTRIBUTING AUSE OF DETAILS OF THE NOTIFY MEDICAL EXAMINATION OF THE NOTIFY MEDI	CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO THE CONTRIBUTION TO THE CONT	DAY YEAR 19 211. LOCATION STREET 19 211. LOCATION STREET 19 DEGREE	20a AUTOPSY? 10b. IF Y IN CERT YES NOWN RED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN death occurred on the date and ho MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE

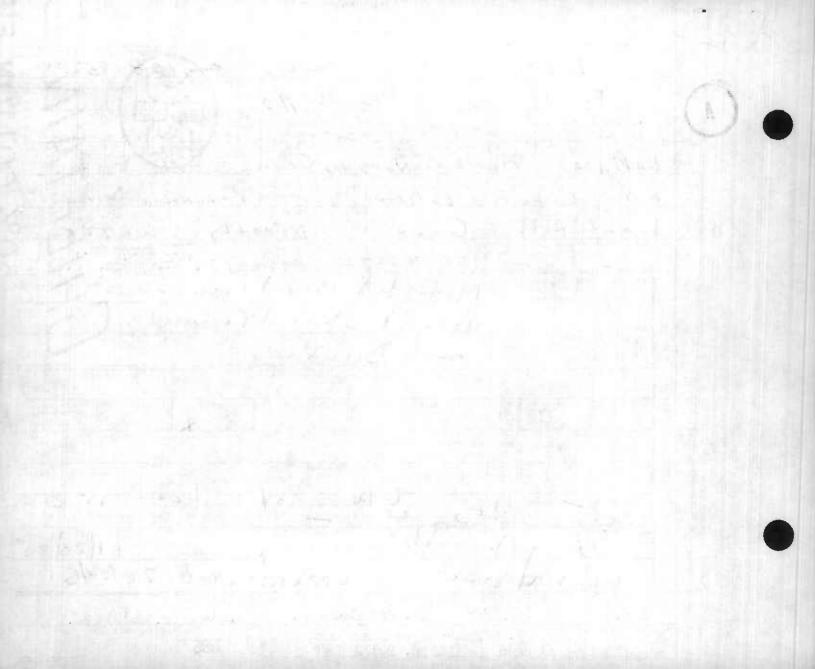




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be fill		JSUA	Plata L RESIDENCE (IF NURSING HOME)	Physicians Men OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY 134. CITY OR T	FORE ADMISSION)			Laboret		Triui	TOGI
filled ould b	5		ryland Char			3d. INSIDE CITY	Y LIMITS?	Rt 5 Box 2		2061	
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and 2	00	J	oseph Bernar	d Middleton- S	ir.	Mary	Cath	enne MIDDLE	Gant	· LA	51
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person	Ī		18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b)						BETWEEN	XIMATE INTERVAL
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hed for			22b. SIGNATURE	not) view the body ofter death.	DI	EGREE				22c. DATE	ESIGNED
000 =			101	att	M	D AT	TENDING A	MEDICAL STAF	F		
	H		22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)		22e ADDRESS	TTSICIAN	DIRECTOR PHISIC	IAN L		
58 # 8			Girija Ratl	h M.D.		Charl	les Pro	of. Bldg #:	200 W	aldorf	, Md 206
Of of M			URIAL, CREMATION, REMOVA	AL 23b DAJE	3c NAME OF CE	METERY OR CR	REMATORY	23d LOCATION		al.	. Draw
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1 - 16 50M 4/B2		24. FL	INERAL DIRECTOR	1 00000	Sh 4	mi	250 DATE	REC'D. BY REGISTRAR	1 1	PAR'S SIGNA	TURE
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		OR PRINT	FIRST	Elwo	වරයි	L.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
			Glenn	ı E	• N	hill		January 31			1:50a M
	3_SE)			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	HOURS MIN
	M	ale		Caucas	sian		0-1936	49	YRS		
W.		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
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1	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATION	F WORKING LIFE) [NDUSTRY	F BUSINESS OR
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24	-	irgil VAS DECEASED EVER	Н		Mull		Helen	+1\TT-4008		ngri	
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5	I	18 CAUSE OF DEAT					DOMI E. MC	111, 30 110	CVELPA		MATE INTERVAL
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	NO	PART 2 OTHER SIG	MIFICANT	CNDITIONS CC	DIVINIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	TINAL DISEASE OR CON	DITION GIVEN I	VPAKII	
2	CERTIFICATION	19a DATE OF OPERA	MOIT	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING		
9		210 ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	1111	M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	ORPART 2)	
	MEDICAL	21d INJURY OCCUR	HILE [21e PLACE (OF INJURY BEET, FACTORY, OFFICE F	ARM ETC)	231 LOCATION STREET	CITY OR TO	WN (COUNTY	STATE
		220.1 certify that (I sow the decea abave, (I) (week	sed alive on		0 ~ 19 8	3.5- , or	d that in (my) (con) opinian	5. to 1 - 3 death occurred an the do			that (1: (wa) last couses stated
,		226 SIGNATURE	los	rott				MEDICAL STAP	F IAN	22c. DATE	SIGNED - 95
		224 PHYSICIAN'S N	AME ITYPE	OR PRINT(22e ADDRESS				
		Girija	Rath,	M.D.			Waldorf, Mc	20601			

Md. Veteran's

DHMH - 16 60M 7/B4

IMPORTANT. If hem 21 is marked or them 18 shows any injury, or other traumatic

(VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
Huntt Fur

Funeral Home, Waldorf, Md.

2-6-1985

Cem.

256 REGISTRAR'S SIGNATURE

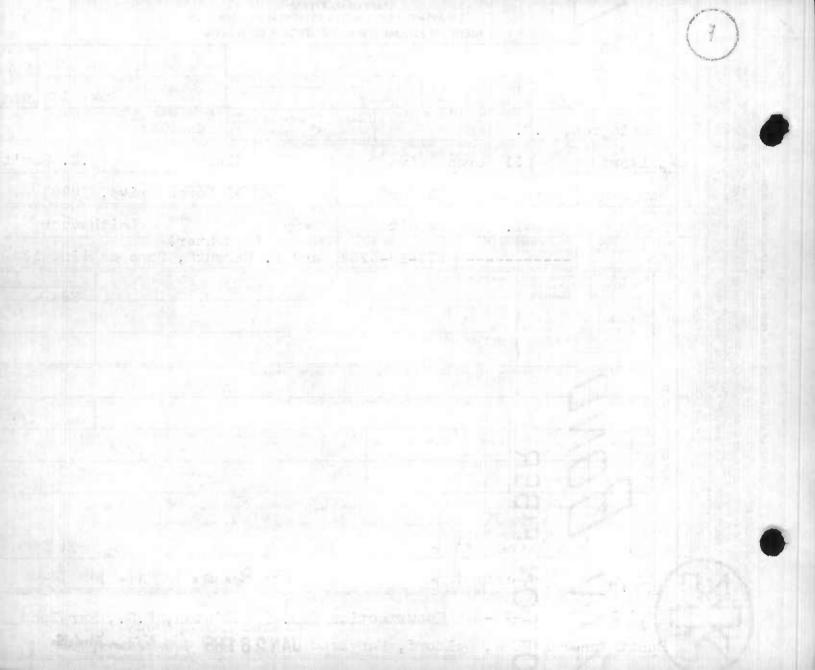
and the state of the SE TI VALLE TORREST (CONSERVE) bad Maurit Rossey : I print in a for carsactars tentales 2-1-19:5 '. Veter ' . . 2 (S. salet, 2.4., 16. Lunci Purerel Home, ambi Latterer Times

	1 -	STATE REGISTRAR	DEPART		CATE OF DEATH	REG. NO.	
		EASED NAME FIRST	WIDDLE		.51	20. DATE OF DEATH MONTH	10.11001
		Robert	F	Mull		January 2	H
5	3. SEX	all the second s	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	-	1ale	Caucasian	Ma	y 24 1903	81	RS.
5		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	Charles	JNTY OF DEATH
3	Į	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN Physicians Me	emori.	ROTHER INSTITUTION al Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ACCOUNTANT	ing life) 126. KIND OF BUSINESS OR INDUSTRY Employed
	13a. S	RESIDENCE IF NURSING HOME OF TATE No COUR TYLAND Princ	e George Clintor	E ADMISSION) /N 1	13d. INSIDE CITY LIMITS?	13. 6103 Manor F	Road 20735
C	14 FA	THER'S NAME Clarence	W. Mullinio	c	15. MOTHER'S MAIDEN NA	Hayes	Crockë'tt
2		(AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 577-16-8		Ellen C. Dra	ke 2005 Belf	fast Dr. nington, Md.
			Ily one cause polline for (h.), (b), of D BY: TE CAUSE (a) DUE TO, OR AS A CONSEQU (b)	1 July	chrond (Junetal D	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	NO	cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOU	end	Althum	WINDSOM	N GIVEN IN PART 11g
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M IB PART TOR PART ?)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
			ottended the deceased from 19	85.60	d that in (my) (aur) apinion	death accurred an the date one	d hour and from the causes stated
,		274 SIGNATURE	12w Alm	~ n		MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
1		George Wat			Charles Pr	of, Bldg, Wa	ldorf, Marylar
		URIAL, CREMATION, REMOVAL	4 4 4 4 4		METERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY STATE
	1	Markat Director	1/29/85 Wo	odlaw	n Cemetery	Baltimore TE REC'D, BY REGISTRAR 256 RE	Maryland

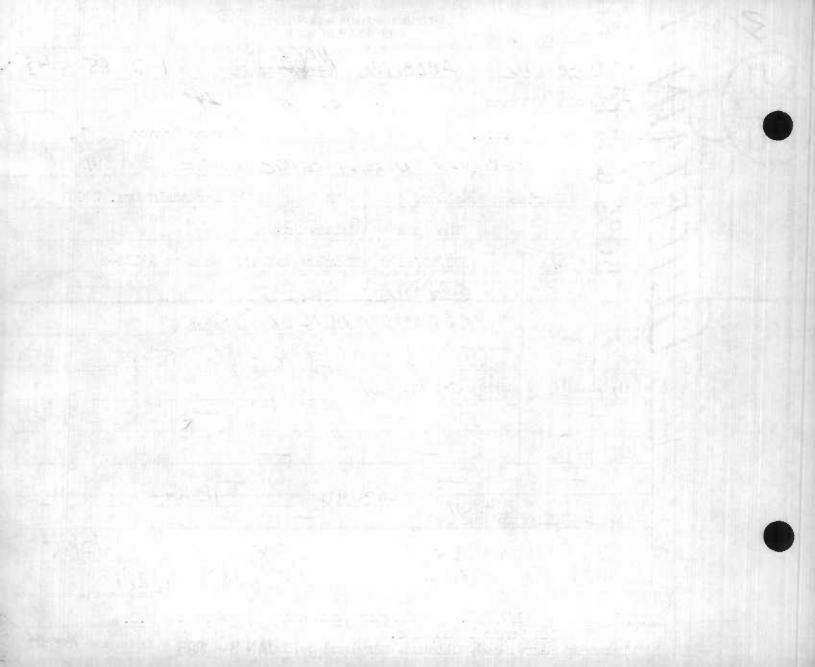
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6	(1)	11-	FOR STATE REGISTRAR			STA PEPARTMENT OF DICAL EXAMIN	HEALTH		4	0	-	8 8	6
-	0	I. DE	CEASED NAME	FIRST		MEDIF	Mul	LAST	20. DATE K	REG. NO. NOWN A PESTI- MATED	NONTH D	YEAR 1995	2b HOUR
	RY, PLEASE DIRECTOR OUR FILES 72 HOURS ON STREET	i SEX		-	DATE OF BIRTH MONTH DAY		ARS IF UN	DER I YR. IF UNDER		M	ONTH C	PAY YEAR	0100 A
	MECESAL FOR Y WITHIN	Wa	RTHPLACE (STATE OR REIGN COUNTRY) AShingtol	n, D.			WIDOW		cha	recity or concerning the second secon			WC
	SEAY IS TO THE PAGE OF FILED	Jy.	iyoriown of DE	1335	31 Mora	PITAL, NURSING HOMI NLITY, GIVE STREET ADDRESS) IN Drive		ER INSTITUTION	tor MOST OF WORKE	(TION (TYPE OF NG LIFE)	WORK 12b	OR INDUST	
.21201	F ANY 1	Ma. S	aryland	136. COUNTY Char	les	RESIDENCE BEFORE ADMISSI 13. CITY OR TOWN Waldorf	ON)		313°3 IREET ADDRES	n Dri	ve,	20601	-
ORE, MD	S S S S S S S S S S S S S S S S S S S	H.	THER'S NAME FIRST		MIDDLE L.	DeWalt		Mary	MID	اط	eith	auser	,
BALTIM	S AFTER GIVE PA TITH FOR PAGES INVISION	10a. V		(IF YES, GIVE WA	R OR DATES)				(Daughter Carruth,		as		
ORDS, 201 W. PRESTON ST.,	BE EXECUTED WITHIN 24 HOURS DADING: IN PENCIL IN ITEM 18. OR SEDICAL EXAMINER ALCHOWANT AS A BURDAL TRANST PERMIT 14. AND MENTAL HYGENE. DIVING CREMATION, OR REMOVAL.	No	Conditions, if gove rise to couse (o) stating lying couse lost	MAS CAUSED E IMMEDIATE ony, which immediate g the under-	CAUSE (o) DUE TO, OR A (b) DUE TO, OR A	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TERM	OF	OR CONDITION GIVEN IN PA	ŘŤ 1 (o),			APPROXIMATI	T AND DEATH
DIVISION OF VITAL REC	ICATE SHOULD BE THE WORD "FEN THE CHIEF ME SULD BE USED AS TIMENT OF HEAL R TO BEDINAL, OR	AL CERTIFICATION	216 EXTERNAL CAU	SE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YEAR	21c. HC		D TENIES NYTUSE OF INTIN	RY IN ITEM 18 PART		YES	? Ng X
DIVISIO	WRITING ARDED TO AGE 3 SHO ATE DEPAR	MEDICAL	214. INJURY OCCUR WHILE NOT AT WORK	RED	21e PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR TOWN	Ą	COUNTY		STATE
•	TO MEDICAL EXAMINES: 1 EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER EATH, WITH THE ST BALTIMORE, MARYLAND, 2		220. I certify that death resulted from ACTUAL SIGNATURE	n: Noturol	R	ribed obove, held on Accident , Su	Autop	Homicide	Undetermined man	ner ,	my opinio	1-24-2	3
	DAGE PAGE TO PA	110	(TYPE OR PRINT) _ URIAL CREMATION, UNIAL	EMOVAL 22h	DATE L-26-85	Resurre	WETERY O		THE LOCATION CITY OF SOME		COUNTY	arvla	wit and
	DHMH - 17 (VR A15 ME (5))	24. FI	JNERAL DIRECTOR		State of the last	aldorf, M	02/11/10/5	25e. DATE	8 1985	the Registre	ARS SIGN	NATURE	1



4	FOR 5/17/85 r	ja		TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 5	0 ! 8	8 /
.4	- STATE REGISTRAR Corinne	A. Neff	CERT	FICATE OF DEATH	REG. NO.		
	ECEASED NAME FIRST		DDLE	LAST WELL.	20. DATE OF DEATH MONTH		2b. HOUR
/	CORIL	Ille.	ARABELL	Collette	ue 1-	2-85	5.43
3 S	7	4 RACE	5 DAJE		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
1	Female BIRTHPLACE (STATE OR FOREIGN	White	9	26 99		RS.	
3110	COUNTRY)	76 CITIZEN OF W	MARR	ED NEVER MARRIED	P BALTIMORE CITY OR COL		
	orth Carolina	U.S.A.	WIDOV OSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS O
10 L	aPlata	HERI L	FACILITY, GIVE STREET ADDRESS)	SING CENTER	(TYPE OF WORK FOR MOST OF WORK HOmemaker	ING LIFE) INDUSTRY	
130	JAL RESIDENCE (IF NURSING HOME C STATE 136 COL	INTY	IVE RESIDENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 315 Barksdale	3 200	01
	aryland Char	rles	Waldorf	YES XX NO [Ave. 206	01
98/	FIRST	WIDDLE	Thomason	Hattie Brown	MIDDIE	LAS	
200	WAS DECEASED EVER IN U.S. A	RMED FORCES?	Thompson 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
No.		IVE WAR OR DATES!	578/88/9209	Shirley McCl	ure Same as #	13a-e	
t, the	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per l	ne son you hand is in	- 00000		APPROXI BETWEEN C	MATE INTERVAL
even		ATE CAUSE (a)	CHEVIT	S WKEZ	(
a a figure		DUE-TO, OR	AS ASOME QUINCEDE	V DOTGOY	DESPASE		
T-fron	Conditions, if any, which gave rise to immediate	(b) C	90-01014-	1 THE CH			
athe	cause (a), stating the underlying cause last	DUE 10.00	PRONSEQUENCE BY	BERUGIUS	LUNG MSS	458	
۲۷. ما	PAPE ? OTHER SIGNIFICANT	CONDITIONS COL	NTRIBUTING TO DEATH BL		INAL DISEASE OR CONDITION	N GIVEN IN PART 110	
S shows any injur	CHRONIC	SPATIN	SYNDAGA	NZ,			
FIC S	190 DATE OF OPERATION	196 CONDII	ION FOR WHICH OPERATI	ON WAS PERFORMED	INC	IF YES, WERE FINDIN ERTIFYING CAUSES	OF DEATH?
CERT CERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY	21c HOW INJURY OCCURR	YES NO	M IR PART I OR PART 21	ио 🗆
	OR CONTRIBUTING CAUSE OF DE	CALL.	MONTH DAY YEAR				
MEDICAL	214. INJURY OCCURRED	21e PLACE O		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
>	AT WORK AT WORK	(AI HOME SIRE	FACTORY OFFICE, FARM, ETC.)	1001	1/2/2		37.412
	220.1 certify that (1) (this has	1.1		5/84,19		19	that (1) (we) la
		n the Andria	fter death	and that in (my) (aur.) opinion o	leath accurred on the date one		couses stated
m 21 is	saw the deceased alive a above, (1) (me) (did) (did)	ent view the body o					
If them 2 is	above, (I) June (did) (did)	man	10	DEGREE ATTENDING 1	MEDICAL STAFF	11/2	SIGNED
	above, (1) [ave] (did) (did). 27b. SIGNATUIII	UNAL OR PRINT)	10	ATTENDING 1	MEDICAL STAFF DIRECTOR PHYSICIAN	11/2	SIGNED SIGNED
arokiani: II them 21 is	above, (1) June) (did) (did). 22b. SIGNATURE	UNAL OR PRINT)	Ne SHPA	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/2	SIGNED SIGNED
2.30	above, (I) Limit (did) (did)	OR PRINT) C. MI L. 23b. DATE	23c NAME OF	ATTENDING PHYSICIAN IT	DIRECTOR PHYSICIAN TO THE PHYSICIAN TO T	1/2	STATE
TANA J	Obove, (I) LOT (did) (did) 27b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	OR PRINT! M/	23c NAME OF	ATTENDING PHYSICIAN DE PHYSICIA	DIRECTOR D PHYSICIAN D	D.C. COUNTY	STATE



1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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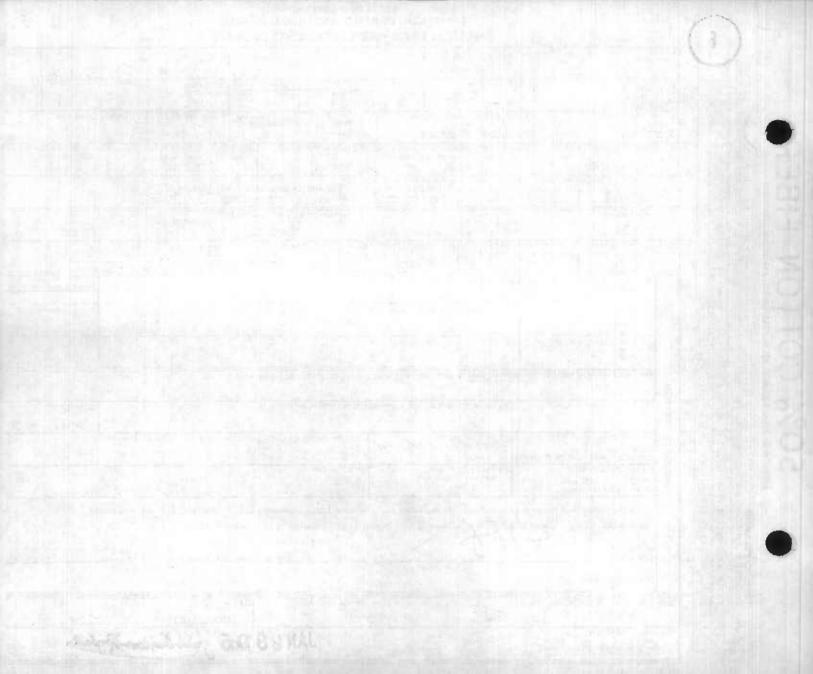
1	REGISTRAR		CERTIFICATE OF BERTIN	REG. NO.	· ·
1.0	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Dolore	es Ann	Orndorff	January 7, 1	985 9:30 %
3 5	SEX	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	Caucasian	9-3-1923 YEAR	61 YRS.	MONTHS DATS HOURS MIN.
To.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF COUNTY	OF DEATH
	Vashington, D.	C. USA	WIDOWED DIVORCED	Charles	MD.
10	La Plata	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION BET ADDRESS) Memorial Hospita	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI 1 Housewife	12b. KIND OF BUSINESS OR INDUSTRY OWN HOME
US	STATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEF	FORE ADMISSIONI		
		arles Waldo	TISE INSIDE CITY LIMITS?	730 Holly Tre	e Lane, 2060
14	FATHER'S NAME		15 MOTHER'S MAIDEN N	AME	
V	Villiam	Huntt	Anna	Catherine (O'Callaghan
		RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 577-2	Did.	Plata, Marylar C. Orndorff, R	nd 20646 t. 4, Box 412
-	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b),	and ici i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (a) Card	io pulumary an	resc	
	WWW. DV.	DUE TO, OR AS A CONSEC			Colon Holy Co.
	Canditions, if any, which	(16) BXO		21601411	I to the second his
	gave rise to immediate couse (a), stating the		· ·		
	underlying couse last	DUE TO, OR AS A CONSEC	JUENCE OF		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	VEN IN PART 11a
I S		(00)			
1	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		S, WERE FINDINGS USED
CERTIFICATION					FYING CAUSES OF DEATH?
1 8	21a. ACCIDENT WAS UNDERLYING	7	DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
1	OR CONTRIBUTING CAUSE OF DE.	AIR :	19		
MEDICAL	216 INJURY OCCURRED	218. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
1 2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	CE. FARM EIC)	1 1	
1		ital) attended the deceased fran	m	. to	19 St., that (I) (we) last
	saw the deceased alive or	at view the body after death.	ond that in (my) (aur) opinia	n death occurred on the date and hou	or and from the causes stated
1	22h SIGNATURE	it view the pody quer death.	DEGREE		22c. DATE SIGNED
1	116	12 au	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-8-85
1	228. PHYSICIAN'S NAME (TYPE	OR PRINT	22e ADDRESS		
	Dr. Khader	Baiq. M.D.	108 La Gr	ange Ave., La	Plata. Md.
230	BURIAL, CREMATION, REMOVAL		C. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
]	Burial	1-11-85 T	rinity Mem. Gdn:	s. Waldorf, Cha	arles, Md.
	FUNERAL DIRECTOR		25a DA	ATE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
	Huntt Funeral	Home, Waldo:	rf, Maryland	JAN 1 0 1985	Davidson-Randall

DHMH - 16 60M 7/84 (VRA 15, 4)

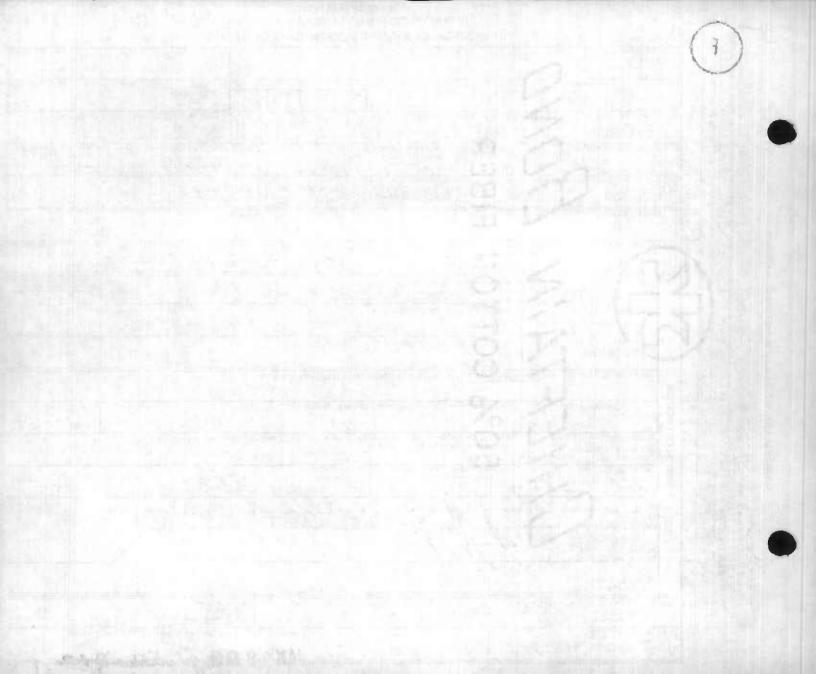
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micross dan Dradorff January 7, 1985 Tilde Fact in rest Pic. 1551 La late chronounne nemeriol Hospital Ousewile | Descripted 1985 | Sent serior of the North State of the Print Section of the Print man pales of management of the contract of the ---- TYZ-28-0230 TOHANT O. BING PER, HELD TO BEST-1202 68-8-1 × Addition of the control of the contr nuntt forerel Home, establi, triviret , triviret , ampt forere t dinuit

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)	(F)		REGISTRAR		MED	ICAL	EXAMINE	R'S CE	RTIFIC	ATE O	F DEA	TH	REG.	NO.			
	(.)		EASED NAME	FIRST		WIDDEE		LA	ST			2a DATE OF	KNOWN	X WON	TH DAY	YEAR	26 HOUR
	英名的农民		,	Carl	Jer	main	2	Ow	ens		13/1		MATED			19 85	
	CTOR CTOR FILES SOUR MOURE TREET	3. SEX		4 RACE	5 DATE OF BIRTH		6 AGE (IN YEARS	IF UND		IF UNDER	24 HRS	2c. DATE		MON	TH DAY	YEAR	7:00
	NAZ SE	M	ale	Black	Sept. 9,	79	- 5 YRS.	MONTHS	DAYS	HOURS	MIN.	PRONOUN DE AD			1/22/	1985	A M
_	2 2 2 E	Ta. BI	RTHPLACE (ST		76. CITIZEN OF WH	AT COUN		ALA DOUGE	NEV	50 11 100	- X	9. BALTIM	AORE CITY	OR COL	UNTY OF		1 21 ///
	SHOE W		vland		United S	tates	5	WIDOWEL		DIVORC	-	Char	cles (Count	-37		***
	A CHARLES	10. £1	TY OR TOWN	OF DEATH	II. NAME OF HOSP	ITAL, NU	RSING HOME,				12a USL	JAL OCCU	PATION (RK 12b KI	IND OF BU	
	SEA SO	r.	La Pla	ata	Physici			al Ho	enit:	-1	FOR /	MOST OF WOR	ent		O	RINDUSTE	₹Y
-	BUNG		L RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE	BEFORE ADMISSION)			1						
2120	NO BEEFER		ryland	Cha:	rles		or town		YES T	NOX	13e STR	x 55/	2066	52			
0	# 20 8 8		THER'S NAME	0.10			-5 a.o.		S. MOTHE				2000	12			
5	TES SE		rynell		WIDDLE		ouglas		F 16	erli		N	AIDDLE			LAST	
NOR	20 5 E C		_	EVER IN U.S. AR	MED FORCES?		IAL SECURITY N	VO. 17	7. INFORM		116	7 7 7 0	ADDRE	SS.		ens	
6	E4588	{YI	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)		None		Toans	Dro	ator	Oxon	Kenr	nebec	Str	eet	
2	WITH PAG			E DE ATH /Easan	huone source and the	25/22///			OOdill	1 FIO	CLUI	ONOIT	1111	L, 14C	-	APPROXIMATE	INTERVAL
15	A THE YEAR		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: Smoke and Soot Inhalation										BETY	WEEN ONSET	AND DEATH		
ő	第四位を 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本	2	29	MMEDIA	12 011002 (0)		ISEQUENCE OF	-	Illala	atton	1	-					
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201 W. PRESTON ST	UTED WITH IN PENCIL EXAMINER IAL - TRANS MENTAL H OM, OR REA		lying cau		DOE 10, OK 2	S A CON	ISEQUENCE OF										
	NNO NTIO		PART 2 OTHER SIG	INIFICANT CONDITIONS	(c) (CONTRIBUTING TO DEATH 80	IT NOT BEL A	TEO TO THE TERMINA	N OKTACE O	2 50 110 1710 11								
OR	D BE EXEMPLING WEDDING WEDDING AS A BU EALTH AN CREMAT	Z	TANT Z OTHER SIG	MILICANT CONDITIONS	CONTRIBUTING TO GENTH BE	JI NUI KELA	TEU TU THE TERMINA	II DISEASE O	* CONDITION	GIVEN IN PAI	KT 1 (a)						
MEC.	HOULD BE EXECUTED WITHIN 2 RD. "ENDING". IN PENCIL IN ITHE MEDICAL EXAMINER ALL USED AS A BURIAL. TRANSIT OF HEALTH AND MENTAL HYOR MAL, CREMATION, OR REMOVE	CERTIFICATION	19a DATE OF	OPERATION	TION CONDITI	ON FOR	WHICH OPERAT	IONWAS	SPERFORA	AED?					120	AUTOPSY?	
₹.	D HE STA	FIC															
F	W SE CONTRACTOR	ERTI	21a EXTERNA	L CAUSE WAS	216. TIME OF	NJURY		21r HOV	V IN HIPY	CCLIPPE	D JENTER I	NATURE OF IN	ILIPY IN ITEM	18 04 01 1 0		YES 🗌	NO [X
0	A HENNEY		UNDERLYING	XOR	HOUR A.M.	MONTH						efire		10 PART TO	Crmeiz)		
DIVISION OF VITAL RECORDS,	RE. THIS CERTIFICATE SHOUL TE, WRITING THE WORD "T WAVARDED TO THE CHIEF RE. PAGE 3 SHOULD BE USEE ESTATE DEPARTMENT OF H OLITICAL PRIOR TO BURAL, OLITICAL PRIOR TO BURAL, OLITICAL PRIOR TO BURAL, OLITICAL PRIOR TO BURAL,	MEDICAL	21d. INJURY O	G CAUSE OF	21e PLACE O	FINJURY	/22/ ₁₉ 8:	211. LOCA		C 111	nous	CTITE					
DIV	RETINE SOCIETY OF PROPERTY OF	F			STREET, FACTO	PRY, FARM E	rc.)	STRE	EET	N7		CITY OR TO			COUNTY		STATE
	WAN WAN	Tione RC. 423, Nati elloy, Charles Co., I										, Ma.					
	A PARTE	/	22a I certif	y that I took char	ge of the remains descri			Autopsy	□, .	Inspection	1. X.	Inquiry	L	and in my	opinion		
	HE BET HE	death resulted fram: Natura Suicide Homicide Undetermined manner ,],					
	3 8888		ACTUAL	- 4	VIID	-	-		TITLE (SP						75	2 /00	105
	PARSES Y		SIGNATURE_	/	1	-		M.D.	ASS:	ıstan	T MED	ICAL EXAM	AINER	DA' SIG	TE SNED	1/22/	85
	WOO CHE	1	EXAMINER'S	NAME	- warm - D - "		3.0			1	11 5		1				
	TO MEDICAL EXAMINER EXECUTE THE CRETIFICATION TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BAFTMORE,	20 6	(TYPE OR PRIN		egory R. K				DRESS			enn S)C.				
		23e.Bl	Buria Buria	ION, REMOVAL		23c. N	NAME OF CEME		CREMATO	RY	CITY	ORTOWN			OUNTY		ATE
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O N	THE CHARGE		UNDERLYING		HC		MONTH	DAY YEAR 22/ 1985	3	bject				IKY IN ITEM 18 PA	RT I OR PART	2)		
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	O MEDICAL E XECUIT THE ACE & SHOU O FUNERAL FIER DEATH		EXAMINER'S (TYPE OR PRI	NAME Gree	gory R.	Kau	ffmar	n, M.D		ADDRESS_	111	Penr	n St.					
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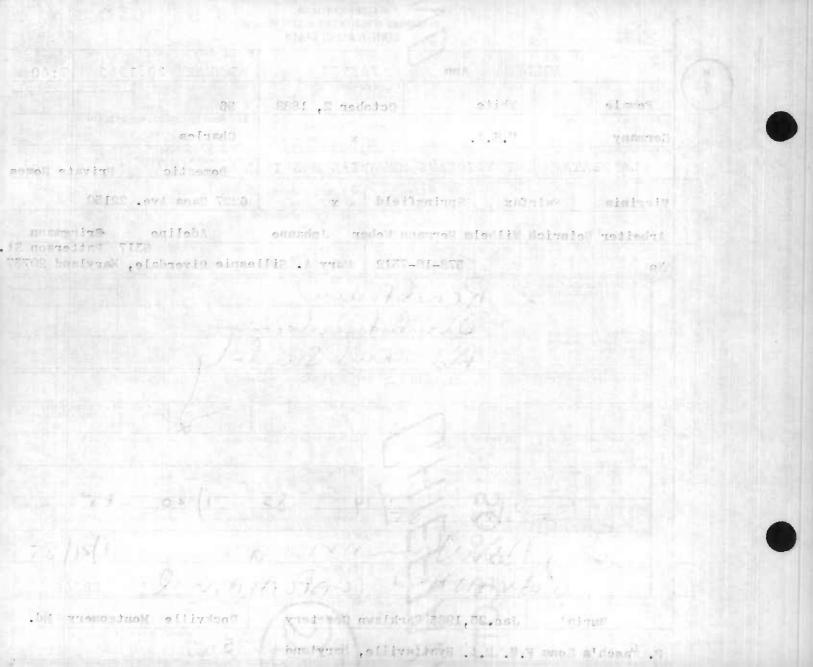
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		OR PRINT)	6 HC		ong		Park				3,1985		9:55 ,
)	3. SE)		• дс	4. RACE	r	5. DATE C	E BIRTH	1005		E (IN YEARS LAST BE	RTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
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16	10 CI	La Plata	TH	Phys	HOSPITAL, NUF CHFACUITY, GIVE ST ICTANS	rsing home of BEET ADDRESS). Mmeoria	1 Hos	ptial	(TYPE	SUAL OCCUPAT OF WORK FOR MOST tore O	OF WORKING LIFE)	INDUSTRY	Merch.
20	USU/ 130. S	AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION		FORE ADMISSION)		E CITY LIMITS?		TREET ADDRESS		10000	
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		PART 2 OTHER SIGN	UEIC ANIT ((c)	ONITRIBUTING	TO DEATH BUT	NOT BEL	TED TO THE TER	AAINI AI D	VISEASE OR CON	IDITION CIVE	NUNI DADT 1	
	NO	CO.	. (0. +	- I - I	I	NOT KELA	A THE IER	MINALL	Jube		- Cu	red
2	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	OITION FOR WH	ICH OPERATIO	N W AS PE	RFORMED	200	AUTOPSY?	20b. IF YES,	WERE FINDI	
X	TIFIC								YE:	S NO SK	IN CERTIFY YES	_	S OF DEATH?
0	CER	210. ACCIDENT WAS UND	- Bang			DAY VEAD	21c HOV	V INJURY OCCU	RRED (E	NTER NATURE OF INJ	JRY IN ITEM 18 PAI	RT T OR PART 2)	
1	AL	OR CONTRIBUTING (1)		1111	.m. MONTH	DAT TEAR	1						
1	MEDICAL	214. INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOC	ATION		CITY OR TO	2010	COUNTY	STATE
12	¥	WHILE NOT WH	RK	(AT HOME, ST	REET, FACTORY, OFFI	ICE, FARM, ETC.)	, ,	INCE!		CITORIO	, wn	COUNIT	STATE
		22a.1 certify that (1)				m 12	26	19_8) , to		3	935	tha (II) (we) las
		saw the decease abave (1) (we) (c	ed alive on	tilbiew the body	v ofter death	9 85,0	nd that in	my (aur) apinia	n death a	occurred an the o	ate and hour	and fram the	causes stated
		226. SIGNATURE			1	1	DEGREE					22c. DATE	ESIGNED
		100	1	my	Beul	w. M.	2	ATTENDING PHYSICIAN	DIRE	CTOR PHYSI	FF CIAN [1-10	4-85
1	N	22d. PHYSICIAN'S NA	AME (TYPE C	R PRINT)	1,000		22e. ADD						
		Henry	L. E	urke	M.D)	1.0	La Plat	a,Md				
	23a B	BURIAL, CREMATION,	REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY	OR CREMATORY	23d	LOCATION CITY OR TOWN	m 1 1 1 1	COUNTY	62.15
	1	Buri	al	1-16	-85	edarvi	lle	Forest	· W	aldorf	Charl	es M	arvland
	24. FL	UNERAL DIRECTOR		3 1 3/24	ADDRE		4	254 D	AP-BEC.	D. BY REGISTRA	751 REGISTR	AR'S SIGNA	TURE 22
	Ar	ehart Fu	nera	1 Home	e.Inc.	La Pl	ata.	Md . JA	14 63	BOO A	teliarlas	don a	

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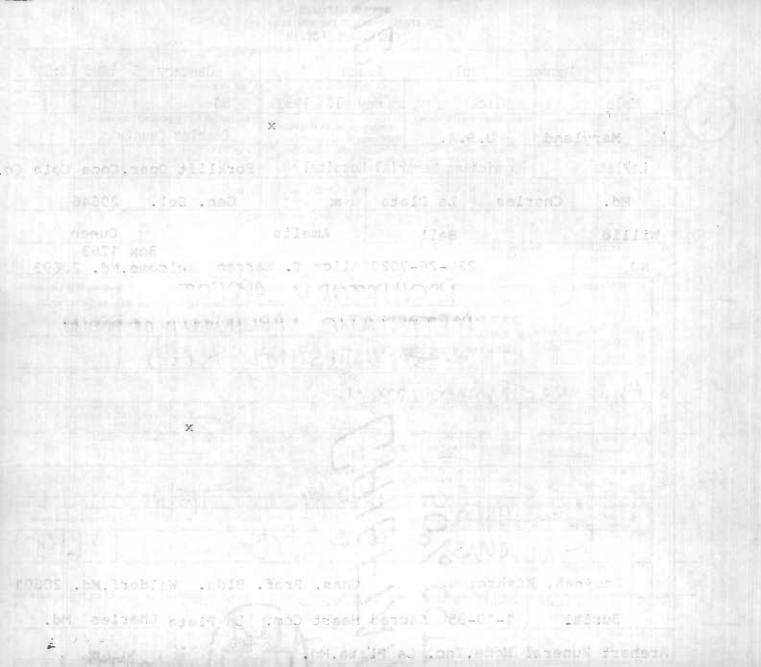


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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



	1	FOR	DEDAG	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYC		0 1 8 9 5
3.6	1 -	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	
with an		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	ONTH DAY YEAR 26. HOUR
22		Walter	Henry	Rick	January	30 1985 6:05 p
· A	B. SEX		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
11/		Male	White	11 22 1898	86	YRS. 2 8
27.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	N	RTHPLACE (STATE OR FOREIGN COUNTRY) WEW YORK	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR Charles	County OF DEATH County M
filed within		TY OR TOWN OF DEATH La Plata	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS) rsing Center	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	
9 900	USU		ROTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	13e. STREET ADDRESS	
De Sala	1		Goerge Brandy			rville Rd. 20613
Ald	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA Minnie	WIDDLE	CAST
/d		VAS DECEASED EVER IN U.S. AF			ADDRESS	S
and a	Ye	S (IF YES GI	I 293-18	-9038A Mrs. Ona R	ick - Same a	s #13
THE STATE OF		18 CAUSE OF DEATH (Enter of	nly one couse per line fax (o), (b),		1 -0 0 1	APPROXIMATE INTERVAL METWOOD ON A TRING WEST IN
emov		PART I. DEATH WAS CAUSE	TE CAUSE (a) John	weed Chrom) Opening	for During
or re			DUE TO, OR AS A CONSEC	DUENCE OF	170	1 Hans
and of		Conditions, if ony, which	((b) (WV)	one Jamba	ventry	fundamen 7
er tr		gove rise to immediate couse (a), stating the	DUETO ON AS A DO MED	WENCE OF ON	1	
roth		underlying cause last	1 BOK	hum Di	sione	*
ury, a	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING !	DEATH BUT NOT RELATED TO THE TERM	ANAL DISEASE OR CONDI	TION GIVEN IN PART IN
19	CERTIFICATION	IN DATE OF OPERATION	THE COMPUTED LOSS WHEN	CH OPERATION WAS PERFORMED	C CON	Band
3	FIC.	THE DIVISION OF SHARINGS	THE CONDITION FOR WHI	CH OFERATION WAS PERFORMED		IN CERTIFYING CAUSED OF DEATHY
of -	ERTI	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	171/ HOW INTERVOCCUR	RED (ENTER NATURE OF INJURY I	YES NO
=4		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	LENIER NATURE OF INJURY I	IN ITEM 18 PART I OR PART 2)
Fer	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
ope	ME	WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
a v		AT WORK AT WORK	The second second second	9110	1 1/3	
i is		sow, the deceased alive on	ital) ottended the deceased from	() (***	doubt serviced on the date	e and hour and from the couses stated
m 2		22 SIGNATURE	view the body of e deoth.		deoth occorred on the date	
1 4		ZZO SPORTOKE	1 Jallon	DEGREE ATTENDING PHYSICIAN	/ MEDICAL STAFF	221. DATE SIGNED
ž-		WILL TYSICIAN'S NAME LIVE O	PW 0	TITISICIAIT	DIRECTOR PHYSICIA	C8 0E 1 DN
IMPORTANT: IF	1	G 40.1	N BI Gren) Pre ADDRESS CAPC	Dra, n	-d. 20646.
- /	230 B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
		Removal	1/30/84			
A 1/81 4)	24 FL	NERAL DIRECTOR	ADDRESS		REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE
'/		Anatomy	Board	Balto., Md.	D U I BOD	whe way doon - Randall

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-	IAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after a y the hospital or attending physician.	AAL DIRECTOR. After this cendicione has been signed by the attending physicion and completely filled in by the fu detached for use as the buried-transit permit. Their please remove confempopers. Paget, Pegel 2 should be filed with
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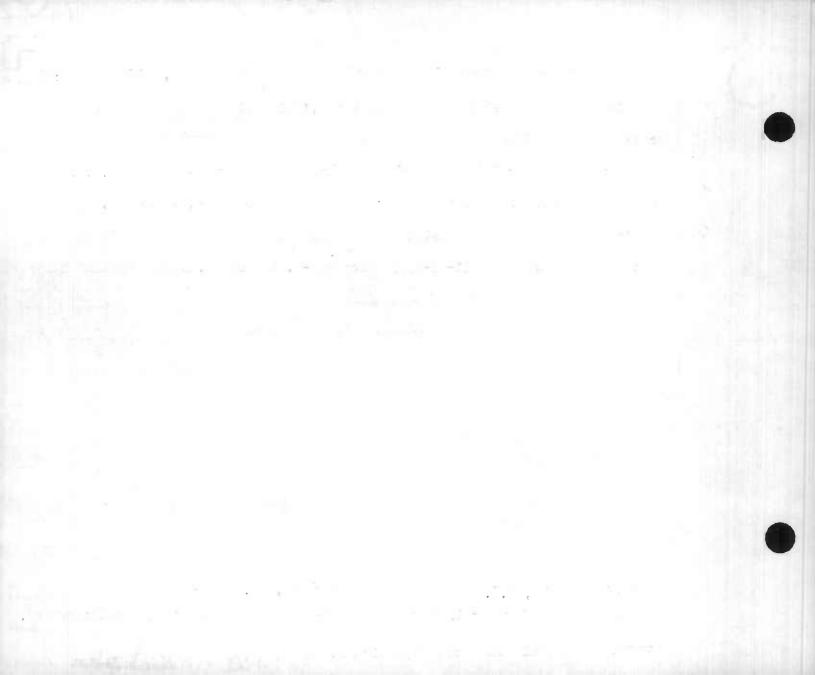
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

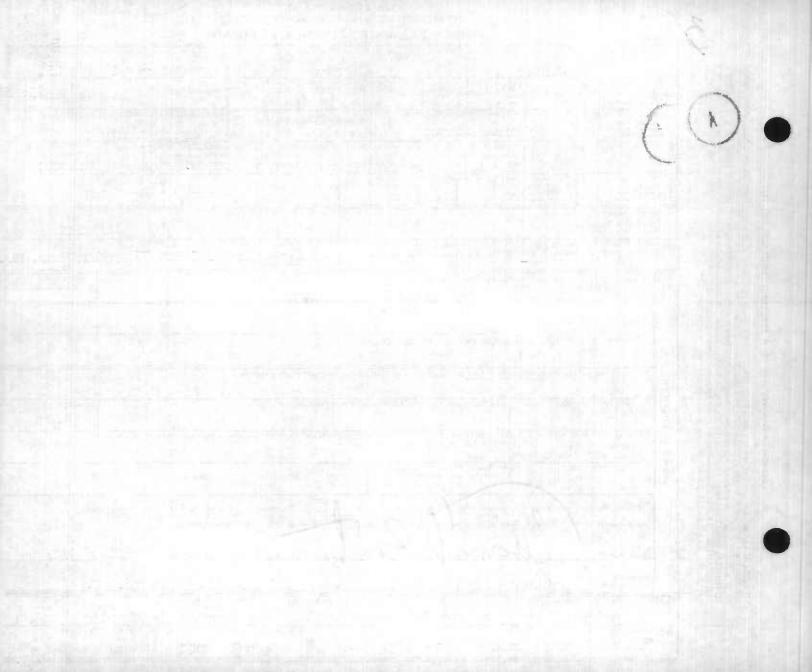
1.	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYO		EG. NO.	0 1	0 7 0
	CEASED NAME	FIRST	M	IDDLE	1	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26. HOUR
(145)	E OR PRINT)	James	Ве	rnard	Ru	stic	Januar	y 4, ·	1985	5:41a
3. SE	х	4	RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAY	
5	Male		Whit	е	Dece	ember 3,1892	92	YRS		S HOURS MIN.
	IRTHPLACE STATE (OR FOREIGN 7	CITIZEN OF V	VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE	ITY OR COUN	TY OF DEATH	
	laryland		USA		WIDOWE	_		arles		WE
	ity or town of D La Plata		(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET ans Memo	ADDRESS)	Hospital	Vice-Pr	esident	12b. KIND INDUSTR A.D	
13a.	AL RESIDENCE (IF N STATE laryland	ursing home or o 13h COUNT Calv	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Lusby		13d. INSIDE CITY LIMITS?	Box 454			20657
	ATHER'S NAME FIRST	M	DDLE	LAST	- 17 [15. MOTHER'S MAIDEN NA		DOLE		LAST
	Villiam			Rusti		Elizabeth			Colem	an
	WAS DECEASED EV YES, NO OR UNKNOWN)		WAR OR DATES)	166. SOCIAL SECU 011-01-1		Mrs. Connie F Box 454-B.Jo	deuter	Lusby	Maryla	nd 20657
	Conditions, if a gave rise to a couse (a), ste	IMMEDIATE ny, which immediate	DUE TO, OR	AS A CONSEQUE	hype thick of	hation l Gazlioc	nterito		APPR BETWEE	OXUMATE INTERVAL EN ONSET AND DEATH MULTIPLE () duy
z	underlying cas	use last	(c)			NOT RELATED TO THE TERM	MINAL DISEASE OF	CONDITION	GIVEN IN PART	lia
MEDICAL CERTIFICATION	19a DATE OF OPER	DATE OF OPERATION 196, CONDITIO		TION FOR WHICH	n for which operation was performed				YES, WERE FINI TIFYING CAUS YES []	DINGS USED SES OF DEATH?
CAL CER	OR CONTRIBUTING	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFE EITHER, NOTIFY MEDICAL EXAMINER) P.M.			AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE	OF INJURY IN ITEM 1	8 PART TOR PART 2	n
MEDI	WHILE NOT AT WORK	WHILE WORK	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, I	FARM ETC)	21f LOCATION STREET	CII	YORTOWN	COUNTY	STATE
	22a. I certify that saw the dece above, (I) (we 22b. SIGNATURE	(1) (this hospital cased alive an_ c) (did) (did not)	view the body	4 198		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS La Plata,	MEDICAL DIRECTOR 1	STAFF _		m, that (II (we) last the couses stated ITE SIGNED
23e	BURIAL CREMATIO	N, REMOVAL	136. DATE 7	- 1985 ²³ G	ate 01	E Heaven	Silver	»Sprin	g Montg	omery MD

Borgwardt Funeral Home Port Republic MD.

150 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND



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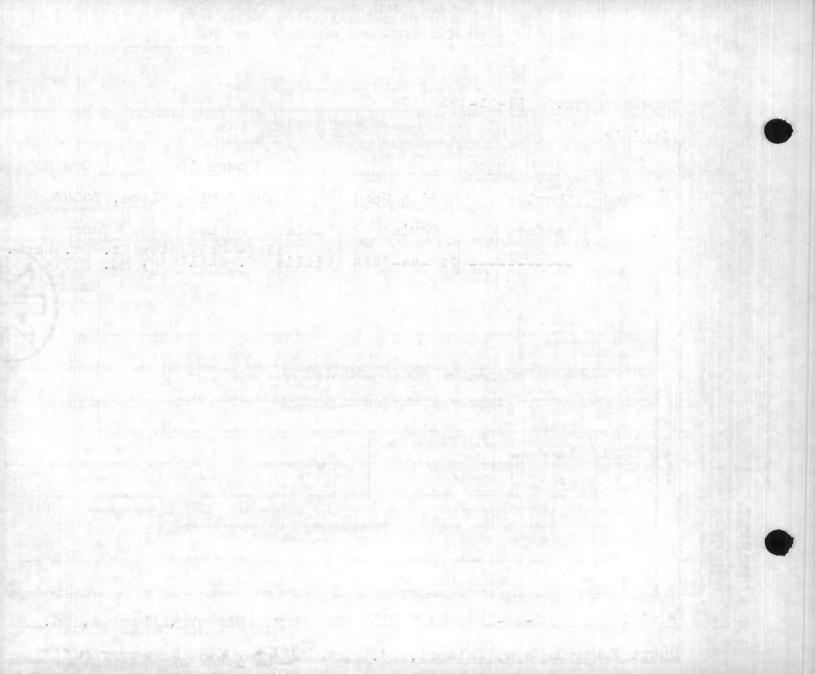
CEASED NAME FIRST GEORPRINT) WALE INTHPLACE (STATE ON FOREIGN COUNTRY) New York ITY OR TOWN OF DEATH		sian	trie 5. DATE C		January	2 2	DAY YEAR	26 HOUR
Male IRTHPLACE (STATE OR FOREIGN COUNTRY) New York	Caucas 76 CITIZEN OF			OF BIRTH			1985	11:03
New York			Mai	ch 2,1929AR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
ITY OR TOWN OF DEATH	USA	WHAT COUNTRY?	WIDOWE		P BALTIMORE CITY C	R COUNT	Y OF DEATH	MD.
a Plata	Physic	Clans Mei	mori	ROTHER INSTITUTION al Hospital	120 USUAL OCCUPATION OF WORK FOR MOST CACCOUNTANT		126. KIND O	F BUSINESS OR
STATE _ 13b CO	UNTY			134 INSIDE CITY LIMITS?	13°151REELADDRESS	Path	Drive	20601
ATHER'S NAME Geørge	WIDDLE	Streigel		15. MOTHER'S MAIDEN NA Helen	WE		Kordin	ak
WAS DECEASED EVER IN U.S., (YES NO OR UNKNOWN) YES WW	ARMED FORCES?			Mary Streige			#13	
cause (a), stating the underlying cause last	(c)	ontributing to d	EATH BUT		INAL DISEASE OR CON	20b. IF YE	S, WERE FINDIN	4GS USED
	La language		Y YEAR	21¢ HOW INJURY OCCURR	YES NO A	YI	ES 🔲	NO
	P. PLACE	OF INJURY	19 RM, ETC }	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
sow the deceased alive abave, (Nye) (did) (did) 278. SIGNATURE	of view the body	2 2/ 19 X	11/	DEGREE ATTENDING	MEDICAL STAR	·F	19 22c. DATE S	
Daniel Hou	vell, M		AME OF CI	Charles Pa	23d. LOCATION			Md 2960
					REC'D. BY REGISTRAR	25b. REGIST	TRAR'S SIGNATU	
	ATHER'S NAME GEDTGE WAS DECEASED EVER IN U.S. A IS CAUSE OF DEATH (Enter- PART I. DEATH WAS CAU: IMMEDI Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT IN ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER NOTHY MEDICAL EXAMINATION TID INJURY OCCURRED WHILE NOT WHILE ALLOWED WHILE	ATHER'S NAME GEDTGE WAS DECEASED EVER IN U.S. ARMED FORCES? YES. NO OR UNKNOWN) IB CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause lost underlying cause lost [c) PART 2 OTHER SIGNIFICANT CONDITIONS C 199 DATE OF OPERATION 190 CONDITIONS C 191 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 11d INJURY OCCURRED WMILE NOT WHILE ALONG WHILE ALONG WHILE NOT WHILE ALONG WHI	ATHER'S NAME GEDTGE MAS DECEASED EVER IN U.S. ARMED FORCES? VES NOOR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) one PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUE Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 198 DATE OF OPERATION 199 DATE OF OPERATION 190 CONDITION FOR WHICH (I) FITHER NOTIFY MEDICAL EXAMINER) 11d INJURY OCCURRED WHILE NOT	MATYLAND ATHER'S NAME George WAS DECEASED EVER IN U.S. ARMED FORCES? YES. NO OR UNKNOWN) IB CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c) yes. NO OR UNKNOWN) IB CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c) yes. NO OR UNKNOWN) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause lost DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 191 CONDITION FOR WHICH OPERATION 192 CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 101 INJURY OCCURRED WHILE NOT WHILE OF INJURY (AT MOME STREET FACTORY, OFFICE FARM, ETC.) 210. Tertify had (I) (this hospital) attended the deceased dive an above, (Nye) (did) (did not) view the body offer death 210 SURIAL, CREMATION, REMOVAL 211 Jan. 26, 1985 Mt. Oliver	ATHER'S NAME GEORGE WAS DECEASED EVER IN U.S. ARMED FORCES? IS MODILE WAS DECEASED EVER IN U.S. ARMED FORCES? IN MORE DECEASED EVER IN U.S. ARMED FORCES. IN MORE DECEASED EVER IN U.S. ARMED FORCES? IN MORE DECEASED IN U.S. ARMED FORCES. IN MORE DECEASED IN U.S. ARMED FORCES. IN MORE DECEASED IN U.S. ARMED FOR U.S. ARMED FOR EXAMINER? IN MORE DECEASED IN U.S. ARMED FORCES. IN MORE DECEASED IN U.S. ARMED FORCES. IN MORE DECEASED IN U.S. ARMED FORCES. IN MORE DECEASED IN U.S. ARMED FOR U.S. ARMED FOR EXAMINER? IN MORE DECEASED IN U.S. ARMED FOR U.S. ARMED FOR U.S. ARMED FOR EXAMINER. IN MORE DECEASED IN U.S. ARMED FOR EXAMINER. IN MORE DECEASED IN U.S. ARMED FOR U.S. ARMED FOR EXAMINER. IN MORE DECEASED IN U.S. ARMED FOR U.S. ARMED FOR EXAMINER. IN MORE DECEASED IN U.S. ARMED FOR U.S. ARMED FOR EXAMINER. IN MORE DECEASED IN U.S. ARMED FOR U.S. ARMED FOR EXAMINER. IN MORE DECEASED IN U.S. ARMED FOR U.S. ARMED FOR U.S. ARMED FOR EXAMINER. IN MORE DECEASED IN U.S. ARMED FOR U.S. ARMED FOR U.S	STATE MARYLAND MARYLA	STATE MARY LANGE COUNTY WALDOWN WALDOWN WALDOWN WALDOWN WALDOWN WALDOWN WALD THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 18 CAUSE OF DEATH LENGE ONLY ON AS A CONSEQUENCE OF LONG ONLY OF MARKET ONLY ON THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 19 DATE OF OPERATION 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 19 ACCIDENT WAS CAUSE OF DEATH (PETER AND AS A CONDITION FOR WHICH OPERATION WAS PERFORMED 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? 21 FEMAL WAS UNDERLY WAS UNDERLY WHICH OPERATION WAS PERFORMED 21 FEMAL WAS UNDERLY WAS UNDERLY WHICH OPERATION WAS PERFORMED 21 FEMAL WAS UNDERLY WAS UNDERLY WHICH OPERATION WAS PERFORMED 22 FEMAL WAS UNDERLY WAS UNDERLY WHICH OPERATION WAS PERFORMED 22 FEMAL WAS UNDERLY WAS UNDERLY WHICH OPERATION WAS PERFORMED 22 FEMAL WAS UNDERLY WAS UNDERLY WHICH OPERATION WAS PERFORMED 22 FEMAL WAS UNDERLY W	134 COUNTY 134 COUNTY 134 COUNTY 134 COUNTY 134 COUNTY 135 COUNTY 135 COUNTY 136

Francis Burgara

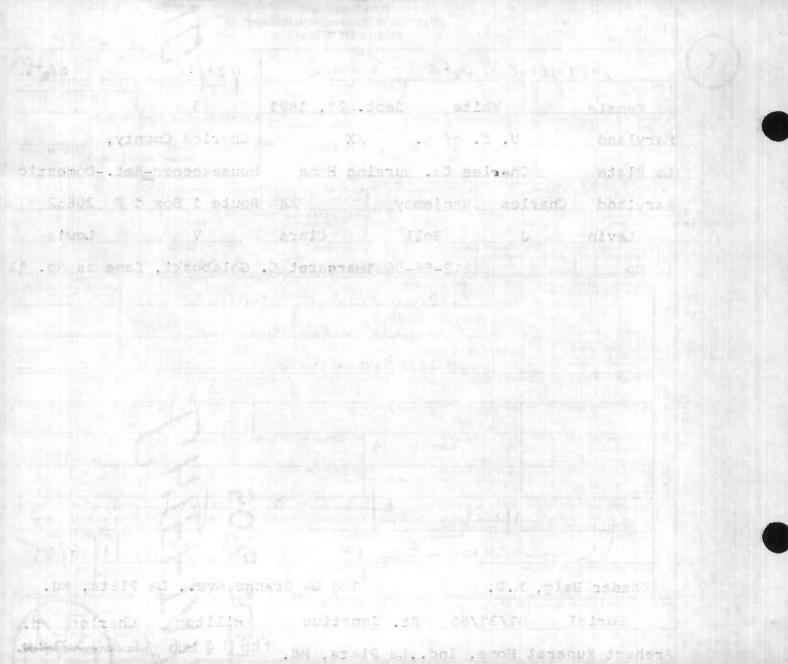
STATE OF MARYLAND

#68, 22a, FilmG600 2/15/85 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE



	FOR STATE REGISTRA	R		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 8	5 REG. NO.	0 1 9	0 2
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offer of with the control of the con	IO CITY OR TOW	N OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NU	IRSING HOME C	OR OTHER INSTITUTION	120. USUAL (TYPE OF WO	OCCUPATION RK FOR MOST OF WORKIN	126. KIND OF INDUSTRY	BUSINESS OR
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Comple of ord		/in	J		11	Clara		V		wis
dica court		SED EVER IN U.S. A	RMED FORCES?		SECURITY NO.	17. INFORMANT		ADDRESS		
MORE Poges	No	(11 123, 0	IVE WAR OR DATES)	212-5	6-0681	Margaret	C. Gol	aboski.	Same as	No. 13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physicion and completely filled in by the this certificate has been signed by the attending physicion and completely filled in by as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be fill the and Membel Hygiene prior to buriol, cremotion, or removal.	gove ris couse (d underlyin		(b)	ONTRIBUTING	EQUENCE OF	NOT RELATED TO THE T		SE OR CONDITION		
VITAL RECC	RTIFIC	OF OPERATION			HICH OPERATIO	N WAS PERFORMED	200 AUT	NO IN CE	YES, WERE FINDING RTIFYING CAUSES O YES	
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IVISION O VG PHYSIC ottending ter this cert is the buriol h and Mente	JIF EITHER, 21d. INJUR	Y OCCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
OR ATTENDI Hospital or Singe Cros. A ched for use Dept. of Heal Hem 21 is m		y that (I) (this has he deceased alive a (I) (we) (did) (did n	2			nd that in (my) (our) opin	/	ed on the dote and	hour and from the co	IGNED
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TO HOS reformed TO FUN with the IMPORT	23e. BURIAL, CRE	ar Baig	M.D.		23c NAME OF C	108 La G	ORY 23d. LOC	ATION		
BP	(SPECIFY)	urial	01/31	/85	St. I	gnatius		1 top	Charles	STATE Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIR			ADDR	ESS	25a.		REGISTRAR 256. REC	GISTRAR'S SIGNATU	RE



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	VG PHYSICIAN: The offending physicion.	s te

nd Mental Hygiene prior to burial, cremation,

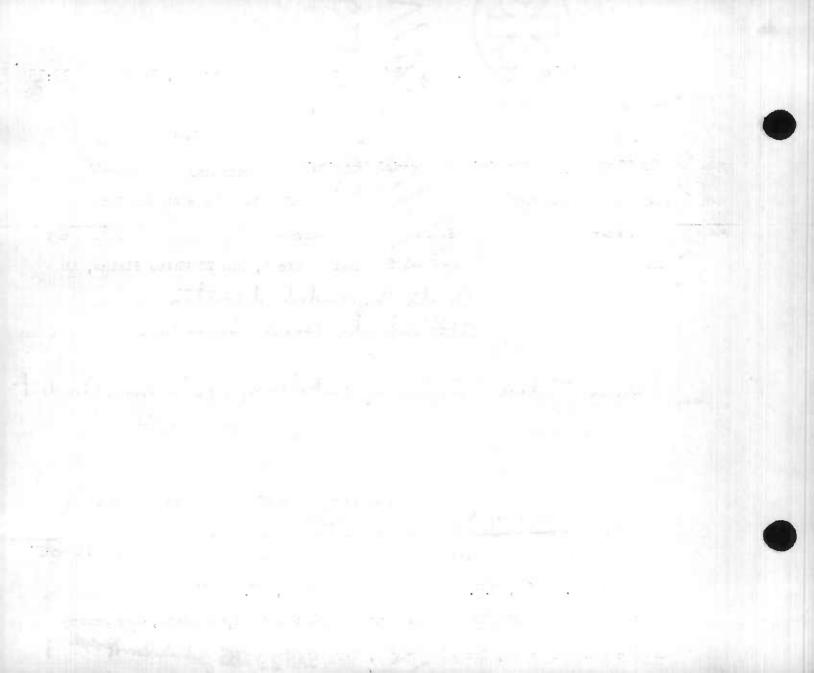
STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

V		CEASED NAME	FIRST	,	AIDDLE		LAST		2a DATE OF DE	ATH MONTH	DAY	YEAR	26. HOU	R
1	TYPE	OR PRINT)	Helen	1	S.	White	e		Januar	v 22. 1	985		12.	15 _M
А	3 SEX	(4. RACE		5. DATE	OF BIRTH		6. AGE IN YEARS		IF UNDER		IF UNDER	
	Fe	male		Caucas	ian	Septe	mber 10), 1910	74	YF	MONTHS	DAYS	HOURS	MIN.
9	7a. BIF	RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8	D NEVER		9 BALTIMORE			ATH		
		w Jersey		USA		WIDOW	EDX D	NORCED [Cha	rles				MD.
	100	TY OR TOWN OF D	EATH			URSING HOME (12a USUAL OC			KIND O USTRY	F BUSINE	SSOR
4		La Plata	/	Physic	ians 1	estreet ADDRESS) Memorial	Hospit	al	Secret		N	IH		
3	13a S	AL RESIDENCE IN NU. TATE .rginia	131 COU	rother institution NTY rfax	GIVE RESIDENCE 134 CITY OF		13d. INSIDE (CITY LIMITS?	13e.STREET ADD 5850 Ca	ORESS / ZIP C	CODE Run Te	rra	gg ce	7
	34. FA	THER'S NAME		MIDDLE	LA	51	15 MOTHER	'S MAIDEN NA		NDD1E		LAS1		
y	1	Lester		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		narf	F	Rebecca					lmeuı	2
7		VAS DECEASED EVE		MED FORCES?	166 SOCIA	L SECURITY NO.	17 INFORM	ANT		ADDRESS				
2	N	O	[# 123, GI	TE WAR OR DATES!	152-0	2-4272	Son	Rte :	1, Box 2	2 White	Plai	ns,	MD	
	TION	Conditions, if or gove rise to in cause (a), sto underlying cau	IMMEDIA Ity, which mmediate ting the se last. GNIFICANT	DUE TO, OI DUE TO, OI DUE TO, OI DUE TO, OI	Oc.	SEQUENCE OF	1 Em	balls	m, a	where	I GIVEN IN P	'AR' C	and	ent
1	CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	TION FOR V	VHICH OPERATIĈ	ON WAS PERFO	DRMED	200 AUTOPS YES □ N		F YES, WERE ERTIFYING C YES []			TH?
	MEDICAL CERT	220.1 certify that	CAUSE OF DE	HOUR A. P. 21e. PLACE IAT HOME, STR	M. MONT M. OF INJURY IEET, FACTORY, (211 LOCATI STREE	ON 1 19	C death accurred a	E OF INJURY IN ITEA	cou	S, om the c	tho (I) couses ste	we) lost
		22d. PHYSICIAN'S	Juny.	J- 130	uly 1	us	122e ADDRE		DIRECTOR	STAFF PHYSICIAN		1-21	1-8	5
		Henry	L. Bu	rke, M:1	0		La	Plata,		546				
		Burial, CREMATION Burial	N, REMOVA	1/24/8	5	Ocean C			rk Toms		New			STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Demaine Funeral Homes, Inc Alexandria,



STATE OF MARYLAND